

Permanency Planning Today

The Quarterly Newsletter of the National Resource Center for Permanency Planning
Hunter College School of Social Work, 129 East 79th Street, NY, NY 10021

Phone: 212-452-7053; Fax: 212-452-7051; E-mail: nrcpp@shiva.hunter.cuny.edu

NOTE FROM THE DIRECTOR....

FULFILLING THE PROMISE OF PERMANENCY FOR YOUTH

Sarah B. Greenblatt

In this issue of Permanency Planning Today we continue our exploration of the opportunities and challenges that flow from the Adoption and Safe Families Act of 1997. States have been quickly passing compliance legislation over the past year, with the recognition that they will need to clarify provisions and document gaps in resource availability overtime. Such 'tweaking' will be necessary throughout the process of implementation in order to best meet ASFA's safety, permanency and timely decision-making intent.

ASFA was passed in response to deep concern about the increasing numbers of children entering and remaining in out-of-home care - some who have literally grown up in the foster care system! It is these children who pose the greatest challenges to meeting ASFA's expectations for timely decision-making - children for whom we have not kept the promise of permanency. The articles in this issue of Permanency Today address the experiences of these children - the power that 'family' holds for them, efforts to hear their stories and share information with them, strategies to help them address their feelings of loss and unresolved grief, and the benefits of including the voices of children, youth and families in our planning and work.

ASFA's requirements to review the situations of all children in care 15 of the most recent 22 months, on an annual basis, provides a window of opportunity for us to regularly reconsider the range of permanency options that may be possible for each child - current caretakers, their birth parents or other family members, past caretakers, or specially recruited families - all who may be potential permanency resources now! We must take the risk to fight the myths that adolescents are 'too old' for a family, or don't 'deserve' a family, or aren't 'ready' for a family. Every child deserves

and needs a family. Without the social and emotional security found in being connected to a family, the process of healthy identity formation becomes even more difficult than it already is!

Sharon Karow, our Information Specialist, has coordinated this issue of Permanency Today in collaboration with colleagues from around the country - people who work with youth in care, and several young people themselves. Robin Nixon's article describes the Child Welfare League of America's new grant initiative - Positive Youth Development and Independent Living: Building Staff Competency and System Capacity. Bob Lewis advocates for adoption as a permanency plan for adolescent youth who are unable to return to their birth families. Carol Schmidt's article addresses strategies to help legally free youth find a sense of connectedness and support in preparing for 'independent living' when the system could not find them a family.

Jennifer Nelson, NRCPP's Assistant Director, writes about the Center's Listening to Youth Project which she has so patiently supervised over the past year and a half. Listening to Youth has been our beginning effort to involve

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young people once in foster care in improving the quality of services provided by the child welfare system in New York City. It has been a moving - and at times, disturbing - project. It has highlighted the uneven capacity of today's child welfare system to meet children's urgent developmental needs. However, this project has reminded us, as well, of the strengths and the resiliency of the many young people who have grown up with the trauma of multiple, often unexplained, moves and relationship disruptions.

Finally, two young people who have grown up in New York City's child welfare system reflect on their experiences. Their stories, originally published in Foster Care Youth United - a newsletter written by and for youth in foster care - demonstrate the often "too little, too late" reality of independent living training. It is interesting that both young people sought refuge with their birth mothers when exiting the system - a strong statement about the power of "family" despite extensive separations.

How We Can Help:

NRCPP has a particular interest in assisting group and residential care programs, as well as foster family agencies, to improve their capacity to find permanence for youth in care - permanence as defined legally and psychologically. We can provide training and technical assistance on the elements of family-centered practice with youth in care, and encourage agencies to contact us or their federal Regional Offices to determine if you are eligible for free training or technical assistance.

We also encourage states to more fully recognize the value of including the voices of children, youth and families in efforts to meet ASFA's complex mandates. We need to listen to their stories and respect their unique perspectives! For only then will we have

the potential of developing the kind of family-centered and non-adversarial services that we would want for our own families!

Sarah B. Greenblatt

POSITIVE YOUTH DEVELOPMENT AND INDEPENDENT LIVING: BUILDING STAFF COMPETENCY AND SYSTEM CAPACITY

By Robin Nixon, B.S., Director, Youth Services, Child Welfare League of America

Washington, DC -- Across the country, nearly 500,000 children are in some form of out-of-home care, often referred to as foster care. Many will remain with foster families for varying periods of time, and most will eventually be reunited with their birth families. About 100,000 will be adopted. But there is another possibility for young people in foster care. Each year about 25,000 teenagers will "age out" of the nation's foster care system and move from group homes and other supervised living arrangements to begin life on their own.

In 1993, the Child Welfare League of America initiated the Positive Youth Development: Preparing Youths in Out-of-Home Care for Adulthood project. From 1994 to 1996, CWLA provided support, training, and technical assistance to assist its member agen-

cies to develop and enhance independent living programs by integrating a positive youth development philosophy. CWLA staff, in partnership with staff from the National Network for Youth, conducted formal training in positive youth development at five sites over the two years. During 1997, the final year of the project, information and resources were disseminated to CWLA's members as well as to the general field of youth services.

In partnership with CWLA and the young people served by their programs, these agencies have taken tremendous strides forward in the practice of positive youth development. Staff and young people from the project sites, as well as members of CWLA's National Advisory Committees on Independent Living and Youth Services, have actively participated in the League's conferences and other training events. Their enthusiasm for "spreading the word" about positive youth development has helped other agencies realize the potential of this approach for strengthening programs for young people.

Building on the accomplishments of the previous project, CWLA began a new project in 1998 that is designed to strengthen the way the nation's child welfare system helps teenagers make the crucial transition from foster care to adulthood. CWLA has received a four-year, \$1,242,631, grant from the DeWitt Wallace-Reader's Digest Fund for a special initiative called Positive Youth Development and Independent Living: Building Staff Competency and System Capacity.

Over four years, CWLA, in collaboration with the Children's Bureau of the U.S. Department of Health and Human Services, the National Independent Living Association, the National Resource Center for Youth

Development, and its own member agencies, will:

- support intensive training in all 50 states and the District of Columbia of child welfare staff who are responsible for providing independent living services to young people in foster care;
- provide specific training and follow-up support to the staffs of 100 community-based agencies that serve youth;
- work for changes in federal policy and programs that help youth in foster care, and
- educate public and private sector leaders in the child welfare field about positive youth development.

For more information on the project, contact Robin Nixon or Maria Garin at CWLA, (202) 638-2952 or email: rnixon@cwla.org, mgarin@cwla.org.

THERE IS A PATH TO FAMILY PERMANENCE FOR ADOLESCENTS

By Robert Lewis, MEd., M.S.W.,
L.I.C.S.W., Gloucester, MA

To every child removed from his/her family of origin, we make a promise. We promise to provide a better family (their own or another) than the one from whom we have separated them. For children who have spent years in the system, that promise is either forgotten or thought to be "unkeepable." But many youth carry the hope, despite the overwhelming number of reasons not to.

The children themselves haven't given up on the promise's fulfillment.

In a recent study of 17 and 18-year-old foster children in Wisconsin, a significant number were brave enough to talk about their dreams.

Approximately, 41% of all respondents indicated that they wanted to be adopted. Seemingly, their relationships to their parents or the circumstances of their parents' lives have remained sufficiently problematic that they have little desire to return to their families of origin. (Wisconsin, 1998)

Yet, to most hard pressed social workers, the older the child, the less suitable he or she becomes for family life. Thus, the responsibility for not keeping society's promise gets shifted from the adults to the children. Among the reasons for this shift are mistaken notions about: 1) adolescent developmental tasks, 2) the challenges inherent in parenting adolescents, and 3) the perceived "impossibility" of preparing adolescents for family life and 4) the daunting task of finding permanent families for them.

Developmentally, teenagers in care do bring serious challenges to identity formation. They must deal with the ramifications of past trauma, the emotionally limiting aftermath of neglect and the debilitating mistrust of family connections spawned by multiple moves within the system. Yet it is clear that all children fare better with the support of caring, involved adults, at every developmental stage and in every challenge - even teenage children.

Given the continued importance of present and future family connections in the lives of adolescents, especially adolescents considered to be "at-risk," we must deepen our understanding of the levels of "resistance" to or under-valuation of adoption options, and the need for permanent family connections for this population. For example:

- Some child caring professionals, especially in residential services, see family connections as impossible or unnecessary in light of the adolescent's primary goal of individuation;
- Many adolescents themselves verbally fear, and thus reject the prospect of family life and often are taken at their word;
- Some families are afraid or unwilling to attempt parenting an adolescent;
- Many workers want to protect individual adolescents from the risk of not finding a permanent family, and

Facts About Foster Care Youth

1. Approximately one-quarter of the children in care have no plans for being either reunited with their birth families or adopted.

2. Each year, an estimated 25,000 adolescents "age out" of the foster care system (generally at age 18) when the state no longer will pay foster parents for expenses.

3. Adolescents' transition to independent living is particularly difficult because foster care systems lack the resources needed to prepare teens adequately for independent living. As of 1997, fewer than 25% of foster care agencies provided employment-related services for youths in care; only 17% provided employment and career-training assessments; 16% provided job training and 24% provided vocational training.

*Child Welfare League of America,
The Foster Care Project*

the additional trauma of further rejection and loss.

Professionals often overlook the sources of their own "resistance" and personal value-driven concerns. Professionals in group homes and treatment centers often struggle with two inherent biases: their own devel-

opmental processes and their limited understanding of the source of the adolescents' emotional challenges. Staff are largely young adults who are themselves establishing their own "independence" from parents and parenting figures. Their conscious or unconscious feelings about their own growth processes often effect their responses and reactions to the adolescents in their charge. Systemically, with the "least restrictive environment" philosophy virtually universal, residential treatment and group care living arrangements are seen as a "failure" of a parent/family setting to meet an adolescent's needs. That "failure" is often reflected in negative attitudes of staff toward families as viable resources for their clients.

Most often cited are the negative reactions of the adolescents themselves. However, it is easy to imagine what a rejection of "adoption" might mean coming from a teenager. They know very little beyond the popular image of baby adoptions. Young adolescents are especially likely to consider themselves ready for complete independence. Their images of family life are limited, often based on very dysfunctional experiences with family life. They don't want to be hurt again, don't want to risk another rejection and they're not prepared to cut themselves off from the past: all misconceptions. Furthermore, adolescents in care have good reasons to fear changes.

As for the families, many come to the child welfare system as hopeful adopters. They believe in their own ability to make a difference in a child's life and they want every assistance to make it work. As the system has advanced appropriately into "full disclosure," adolescents have accumulated a list of labels and descriptions that would turn the most "normal" of teens into "dragons." The very stereotype of

a teenager is one of opposition and irrational challenges to authority. They are often thought to be unreachable and unteachable. Even optimistic adults want children with "just one fewer strike" against them when they choose a child to parent. And yet there are people who love working with and parenting adolescents. (Hopefully, our group homes, community centers, junior and senior high schools are full of them.)

Perhaps the most often heard professional concern is fear of "another rejection." For many teens who have had multiple disappointments, losses and feelings of failure with families, instilling the hope of permanent family ties without delivering a family could be profoundly devastating. However, this view of the risks misses the point on several fronts. First the youths are living the reality of rejection and coming to terms with those rejections almost daily. Most often it is the workers who must now face the child's rejections in the process of developing a new family resource. Successful teenage adoptions are always a team effort. Adolescents need the guidance of staff and former caretakers to make good decisions, but they must also make the decisions for themselves. Professionals need to recognize that teens can be truly self-determining in this process.

Finally, underneath the fear of risk to the adolescent is the worker's own fear of not being able to deliver. The time available to workers is limited, and adolescent permanence takes more time. Due to limited perceptions about permanence and adolescence, there are very few tools available to workers to help them prepare teens for families. Workers experience a real dissonance in not wanting to blame the system of which they are a part. They find it hard to acknowledge their own limita-

tions, and so by default, they too often find it easier to avoid fulfilling the promise made to children at the time protective services removed them from their birth families.

So we can see that the risks are real. What's needed is a process of reaching out aggressively to realistically recruit potential family resources, specifically for these teens - finding resources from their own past (or "missed opportunities") (Davis, 1996) and from the community. The process requires authenticity, clarity and directness between staff and teens. It also requires acknowledgement among professionals that this is no less a commitment than keeping the original promise. Once we believe it, we can keep the promise. We just have to work on the know-how and how-to.

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Bob is a new consultant with NRCPP, and a veteran expert in meeting the

Editor's Note...

On January 29, 1999 our own Sarah Greenblatt, Director of NRCPP was a special guest at the White House. Because of her commitment to increasing the capacity of child welfare agencies to provide children with safe, permanent families in supportive communities, she was invited to hear Hillary Rodham Clinton, Tipper Gore, and Donna Shalala announce President Clinton's new efforts to support transitioning youth.

The president's FY2000 budget will include \$280 million, over five years, in support for young people who "age out" of our nation's foster care system without having had the benefit of permanence. The president's budget will increase the Independent Living Program, offer time-limited financial support, provide health insurance to age 21, and increase the transitional living program.

challenges of placing special needs children and youth with adoptive families.

LIFE AFTER FOSTER CARE: WHAT CAN LEGALLY FREE ADOLESCENTS WALK AWAY WITH?

By Carol Schmidt, M.S.W., Mercer Island, WA

The transition from adolescence to adulthood is difficult for adolescents. Adolescents who have "aged out" of foster care, however, encounter more obstacles and are often less prepared to meet financial, health, social, and educational challenges than adolescents who have not experienced foster care.

Adolescents who remain in foster care to age eighteen often do so because they have been seriously abused or neglected, or because of their troublesome behavior. In these cases, foster care is not short-term. It is "foster care with tenure" (Goldstein, 1975). Some legally free adolescents will never be adopted. Emotionally and physically abandoned by their birth parents, moved among several foster homes, the odds of a good transition to independent living are thus stacked against them.

There is growing literature on homeless late adolescents which suggests consistent themes and indicators of difficulties for those who "age out" of our foster care systems. For example, former foster kids sometimes have great difficulty obtaining and keeping housing. The National Alliance To End Homelessness examined studies and reports chronicling the relationship between homelessness and foster care. All sources of data consulted support the primary finding that people with a foster care history are over-represented in the homeless population (Roman and Wolfe, 1997). Many of these youth lack what has been called "Social Capital," broadly defined as the benefits from being socially connected in communities and families.

Of all of the differences and the system failures which affect these legally free adolescents who are not adopted, one of the most difficult to quantify is that of the loss of identity and history. We do not usually create the treasured "Lifebook" for them. They often do not know their birth parents' extended family members, the birth parents' family history and stories, birth parents' strengths, their own personal health histories, nor do they have their school records and important "passport" documents in order to transition from foster care to adult life. Of particular emotional consequence is the absence and loss of the stories of the family culture. "To hear a story told and retold in one's childhood, and to recount that tale in turn when one has earned the right to do so, is to actively preserve one's culture (Abrams, 1997)."

Adolescents in foster care frequently walk away with disturbing family histories often distorted by painful experiences, inaccurate information, and huge blank spaces. One of the events most vulnerable to distortion is

the child's first, or early removal from the home. Equally emotionally problematic and vague is the reason for termination of parental rights. For many legally free adolescents these events are nested in painful memories. Common to many is a deep cynicism about the "system" which was the "parent" for the years in foster care. For many, the reunification fantasy runs very deep: "I can go back to my mom and dad".

RECOMMENDATIONS:

The following recommendations can assist in planning with young people for the transition from long term foster care to adulthood:

1. Although, providing legally-free adolescents with their case file and "passport" documents is not a remedy for their lack of 'social capital' and will not help them prosper in unfavorable, (i.e. homeless) environments, child wel-

Facts About Foster Care Youth

For reasons still poorly understood, a disproportionate number of adult homeless persons-ranging from 9 to 39 percent, depending upon the study-spent some time in foster care as children.

Taken from the "Priority Home: The Federal Plan to Break the Cycle of Homelessness," issued in March 1994.

fare social workers should use these strategies to contribute to adolescents' understanding of their history and help them collect the things that the adolescent feels are valuable.

2. Funding to support the additional time and work required may be available from grants and from special state resources. Interns and work study students can contribute enthusiasm and labor. Using medical coupons and mental health tier benefits, adolescents can meet with a counselor or mentor to talk over the reunification fantasy, to explore their experiences in the foster care system, express what they would like to say to family members, and seek closure to the experiences of foster care.

The following documents and history may be critical to the adolescent's understanding of the agency's history of their life:

- *Summary of the basis for Child Protective Services placement and Termination of Parental Rights*
- *Summary of the reasons that no adoption occurred*
- *Names of all known family members and their last known addresses*
- *Placement history using standard confidentiality protections*
- *Photographs*
- *Legal documents and Birth Certificate*
- *Public Health Nursing Medical Passport*
- *School records*
- *Letters and any positive statements about the child/adolescent*

3. Beyond the agency's case file, we can consider providing more for the emancipating legally free adolescent through:

- *Help in identifying a connection to someone who cares about them who would remember them for birthdays and invite them for holidays in the future.*
- *Cash assistance for six months of housing.*

• *A safety deposit box or agency on-site storage area.*

• *A videotape of the last (or most meaningful) foster family, or photos of past family connections.*

• *A library card.*

• *A blank book for a journal.*

When the agency terminates parental rights and adolescents age out of foster care without the care and benefits of an adoptive family, we have a fundamental responsibility to assist them in understanding the history which we have collected in case files. In doing so we do not guarantee that they prosper, or that we strengthen the ways in which they carry out the daily activities of their lives.

However, we can contribute to their sense of self and their identity by providing some of the important elements of a passport to adulthood.

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LISTENING TO YOUTH - NRCPP REPORT RELEASED

By Jennifer Nelson, M.S.W., Assistant Director, NRCPP

Our child welfare system is designed to ensure the safety, permanency and well being of children. Yet these very children - the direct consumers of the system - are rarely consulted about their experiences and ideas. A vehicle does not currently exist in most child welfare systems for

their on-the-ground observations to inform child welfare policies and service design. Too often social service agencies and institutions do not consider the inclusion of youth - and their parents, foster parents and other caregivers - in program development activities for effective service design and delivery.

Based on this philosophy, the NRCPP developed the Listening to Youth Project. With funding from the Child Welfare Fund, a New York City based foundation, 18 youth formerly in the in New York City foster care system were interviewed and their experiences captured in the newly available Listening to Youth Project Report. The findings are rich in ideas, reflections, and recommendations for child welfare administrators and workers about how to strengthen services. Though based in New York City, many of the powerful quotes in the report and the policy recommendations can be directly used to strengthen the quality of child welfare service design and worker training and service design around the country.

To celebrate the completion of the Project, a group of child welfare professionals, Project participants and Project staff were brought together as part of the NRCPP Roundtable Discussion Series. Leora Cohen, Project Coordinator, Harriet Putterman, Supervisor, and Sarah Greenblatt introduced the Project, discussed the methodology of the study and presented the recommendations for change within the system. However, the power of the gathering came from the discussion among professionals and those who have experienced the child welfare system in a very personal way. There was no mistaking the failures of the child welfare system to provide youth with the security, stability, connectedness, a sense of belonging, quali-

ty education and protection all young people need. And there was real acknowledgement of the success many youth have experienced, despite troubled early life experiences.

For the NRCPP, the Listening to Youth Project has been our beginning effort to involve young people once in foster care in improving the quality of services provided by the child welfare system. We are committed to continuing to raise awareness within the system of the importance of the perspectives of youth to advocate for change within the child welfare system. We will continue to provide updates on our activities in future issues of *Permanency Planning Today* and

What the System should do, Five things I would like the system to do differently are:

1. Workers should take us on apartment interviews every three to six months. They should start doing this when we're 15 so we learn early on how to look for an apartment. (My independent living workshops weren't followed up with hands-on experiences.)

2. We should be given plenty of written information on different housing options.

3. Every two to four months, we should meet our social worker and agency director to make plans for moving out.

4. Stipends and allowances should be withheld and put into a savings account until we are discharged. That way we'd have some money to get started when we leave the system.

5. Youths should be admitted into adult apartments without having to receive SSI or public assistance.

--Tieysa McVay

The following 2 articles were reprinted with permission from Foster Care Youth United, a newsletter written by and for youth in foster care, and published by Youth Communication/New York Center, Inc. For more information, contact Youth Communication, 224 W. 29th Street, 2nd Floor, New York, NY 10001.

encourage others to share their experiences with us.

If you are interested in receiving a copy of the Listening to Youth Project Report, please contact Sharon Karow, Information Specialist at 212-452-7432. For more information about the Listening to Youth Project and follow up efforts, contact Jennifer Nelson, Assistant Director at 212-452-7431.

TOO LITTLE, TOO LATE: WE NEED HELP BEFORE WE AGE OUT!

By Tieysa McVay

I was in the system for eight years, but the time for me to age out came much sooner than I expected. I was worried that I would end up homeless because I didn't have a clue about where I was going to live.

A few months before I left my group home, I applied for a program called SPAN, an apartment program for young adults aging out of foster care.

I decided to return home to live with my mother temporarily while I continued planning to move into the adult apartments. Although I really didn't

feel secure about living with my mother, I chose to go because it was the best option for me until I got into the apartment.

My social worker transferred my case to an after-care worker. (After-care is a program to help youngsters adapt to society before they age out.) I figured connecting with my after-care worker would be easy but it wasn't! *Hard to Connect:*

In the first couple of weeks I didn't know who she was. She wrote me a letter because she was unable to reach me, then we had a brief phone conversation.

At our first face-to-face meeting I told her what she could do to help me. The conference we had made me feel a bit uncomfortable. Negative vibes came flashing in my mind. I felt as though my after-care worker wasn't really listening to me and she didn't seem to have any answers about apartment programs or other places I could live.

My past relationships with social workers left me with a pessimistic view of them. I felt they withheld information that I could greatly benefit from. A previous social worker hadn't told me about a vocational training school that I qualified for, and when I asked her why, she said she didn't think it was for me.

Time Runs Out:

Being in the after-care program was not different. Any information I wanted I received late or not at all. My after-care worker and I didn't have conferences on a regular basis. She always had a reason to put off my transition planning - a sick day, a vacation, a meeting. My paperwork for the SPAN program was delayed. Time was running out and I became worried that I wouldn't get into an apartment.

My winter recess from college had arrived. I was going to use that time to move out of my mother's house and into one of the SPAN apartments. But my paperwork had not been processed correctly and I still had to live at home.

To get into the apartment program, I needed a complete medical examination and a psychiatric evaluation. I took matters into my own hands and got my medical exam done. I tried to make an appointment for the psychiatric report, but was told that the recommendation should come from my after-care worker.

In other words, I was being told that "isn't my job," and the delays would last longer.

School or an Apartment?:

I still wasn't sure if living in a SPAN apartment would be right for me. I had mixed feelings and a lot of questions. So I wrote down my questions, visited with a SPAN worker, and didn't get the answers I wanted to hear.

In the first place, in order to be accepted into the adult apartments, I had to be receiving SSI income or public assistance. I didn't want either. I am not disabled or lazy.

The other choice I had was to pay for the apartment on my own, but their strict policies would still apply. For example, I would have at least two roommates. There was a level system and no visitors were allowed to spend the night. And I would have to pay not only for the apartment but for my college education as well.

College had become my main priority over the last two years. After all, I want to become a psychiatrist someday. No more playing around with life. This meant I had to plan my goals around college, until I completed my degrees.

Still at Home:

I finally made a decision not to go into the SPAN apartments. I wouldn't accept SSI or public assistance. I couldn't pay for the apartment and at the same time finance my college expenses. It had to be one or the other, and I chose to pay for school. There was not enough time to process paperwork to go on interviews. SPAN was a last resort, leading to a rushed decision.

Seven months after aging out I'm still living with my mother. I'm not happy living at home, but it's the only option I'm willing to live with right now.

I am indeed ready for independent living. I just chose a different option. I didn't have many choices. The very few choices I had weren't told to me early enough so I could explore other options. I don't feel that social workers and administrators can better prepare residents for alternative living arrangements when they age out.

By this I mean not everyone wants to get their own apartment when they age out of foster care. Some people want to live on a college campus and attend school, some want to get roommates to share the cost of living, some return to live with relatives.

Even young adults who weren't in care receive some financial support or continue to live with their parents until they're in the mid or late 20's, because surviving in this world financially is really hard.

The pressure and focus should not be geared toward one solution - that is, getting an apartment the moment you hit 21.

As for my future, I will continue to go to school, work, and save my money. I hope to move out of my mother's house by the end of this year. But I will not rush my decision to leave home unless problems get to

the point where I am unable to handle them.

Take it from someone who has been through the foster care system. You are not alone - reach out and grab the help.

INDEPENDENT LIVING SHOULD BE A BOOT-CAMP, OR KICKED TO THE CURB AT 21!

By Rick Bullard

Independent Living should be run like a military Boot Camp, because only that kind of tough training is going to prepare us for the stress we're going to experience in the 'Real World.' It's the only way to overcome the false sense of security and dependency that the system fosters (no pun intended). We think we're always going to be taken care of, but at 21 you are out!

For those who still don't understand, I repeat - at 21, it's over! Your ass is kicked to the curb like an old pair of Lottos! Outta here like last year! Ejected quicker than an M.C. Shan tape!

Get It:

When I first moved into my Independent Living (IL) facility, I didn't think about that day. I was about to turn 18 and didn't care about anything, except the money I had in my pocket.

In my first week there, I saw that a lot of the residents didn't have a program and were waiting around to be given one, whereas I, a total maverick, made the effort to find a job within my

first week, which I kept for the next year.

For that year I pretty much took care of myself. All I did was club, sleep, and work. Not a care in the world - no drugs, no booze, just a phunkadelic free-flow of peach rhythms and grooves. To work, to club, to sleep, day after day.

The Jig Is Up:

The reason I'm telling you this will become apparent as I skip ahead three years to my last year in the facility. By now I was quickly approaching 21 and began to realize that the jig was almost up. I should have been saving money, but no one had stressed to me, in a way that would sink in, how important that was. People had told me to save, but not why or how.

So there I was a month before "aging out" - no money, no prospects, no future. Not to mention that I also had nowhere to go after discharge. Ironic, isn't it? I felt like a deer caught in the headlights of a semi-truck: doomed.

Oh well, I figured I could go play on a freeway and hope for a quick end.

It was then that I remembered what I was when I first came into LL: a survivor. No matter what it took, I would survive. So I grudgingly moved into my mother's one-bedroom apartment in Brooklyn and it is here that I currently reside with mom and my 11-year-old sister.

Oh, and by the way - did I mention that I sleep on the couch?

I didn't intend on staying here.

Have a Plan:

That's my plan. That's the whole secret to independent living in the first place - have a plan! Even have six plans! Just in case your main plan falls through, have a set of contingency (that means backup) plans.

I wished I had more of a plan back when I was in LL. I wished I had learned to save money. I wished I had gotten some on-the-job training, so that I could support myself with a skill. I would have liked to have some sort of housing to look forward to and I wish I had been prepared to go to college.

But None Of That Happened:

Independent Living had failed me because it did not consistently and thoroughly train me in the various aspects of living independently.

Too Little, Too Late:

To be fair, my LL facility did have a workshop for people like me who were about to leave in a year. It was actually quite good, because it went into a fair amount of detail on what you needed to survive on your own and was led by a facilitator who really knew her stuff.

So Why Did I Leave the System Unprepared?

Because all this information was crammed into about three months of my final year. The workshop only met once a week for about two hours! I was 20 years old and hearing this stuff for the first time. Talk about too little too late!

Start at 13:

To fully prepare me, a workshop should have been given at the beginning of my stay in LL and throughout the entire time of my stay there, not as a three-month crash course. In fact, now that I have passed through the storm, I know there are other changes that need to be made in how we're prepared to confront the cold, cruel Real World.

One major change should be aimed at those who don't take LL seriously. To repeat, Independent Living should be like a Boot Camp for four years! 'Cause unless you have a trust fund

comin' atcha at 21, you better get with the program.

Everyone who comes into LL should either be already working or going to school (a fair amount of the residents

Some Advice To Young Adults Who Will Soon Be Aging Out:

- * Find out all the information you can. If the person you're working with doesn't have the answers, ask someone else. This is your life you're planning. Don't burn your bridges and consider every option. Begin to network with any and everybody - you'll never know who can help.
- * Pay attention in workshops on independent living. Ask questions, take notes, stay alert. Save all the money you can, budget, and spend with common sense. Don't take anyone's word that your opinions are limited.
- * "Suck the system dry" and use it to your advantage. This includes: money, scholarships, furniture for your new apartment, and any written or verbal recommendations or other useful resources.
- * Last but not least, have no regrets about taking on challenges that don't always work out as fast as you would like them to. We can always reorganize our goals, both short and long term. Life is not written in stone and we can always learn from our mistakes.

— Tiesha McVay

in my place weren't doing jack). Classes and training should start the moment a participant steps foot in the door of an LL facility.

Actually, they should start waaaaaaay before that, probably at the age of 13 or 14. An LL facility should be the icing on the cake, not a hurried crash course in survival.

From jump, people in LL should learn why saving money is so impor-

tant. When I first got to IL, they told me to "save money." But why should I listen? Give me a reason to listen!

Show me how hard it is to find a fair-priced apartment! Talk to me about security deposits, gas and electric, the cost of hooking up a phone (not to mention budgeting for food, transportation, and clothing)! In my IL workshop, everything about housing was too bloody vague.

Change Transitional Housing:

As far as transitional housing goes, the various apartment programs are fairly useless, unless the residents are actually practicing the skills that were taught to them. The people who are accepted into these apartment programs should be already capable of supporting themselves. The apartment programs should be a place for them to apply the skills that they learned in IL, not learn them from jump.

What good is it to house three or four residents in an apartment and pay for the rent, gas and electric, and food? Granted, they have to budget their food bill, but the money isn't coming from their own pockets, is it? So in preparing people for reality, that whole situation is rather futile. And at 21 they still get the boot.

Those who move into an apartment program should be working and able to carry their own weight as far as rent and the bills go, because they've already been thoroughly prepared by the IL facility they came from. When they turn 21, they can move on to true independent living with their own apartment.

Practical Job Information:

We also need specific, tangible job information to help us survive. I'm talking about practical things, like access to study guides for the Civil Service exams. Residents should be encouraged to take Federal and State

exams so they have at least some prospect for employment.

What can it hurt to have a fee waiver for foster care residents who want to take a Civil Service test? Look at it this way: those who pass the tests (with study and pre-test help provided by the foster care agencies) will have a chance at becoming employed and the City, State, and Federal governments will have a chance at more taxpayers. It sure as hell beats building yet another homeless shelter.

Change the Discharge Date:

And since the average person who isn't in foster care now lives at home until about 25 or 26, I think discharge at 21 is bogus - but that's another article.

In closing, the main point I'm trying to impress upon you is that you must develop your own drive to survive because one day soon the system will bid you behind a cold farewell.

Don't ever let yourself be lulled into a false sense of security. Always remember that just because you are getting money from foster care now, does not mean you'll be getting it forever. Always have a plan of your own and do what is necessary to help yourself. Let the system help you but don't let it live for you.

A realistic Independent Living program, combined with your will to succeed, just might enable you to live comfortably.

IN THE WINGS

The following is brief description of a few of the projects in which NRCPP is currently involved. For more information about these projects, contact Sharon Karow, Information Specialist, at 212-452-7432.

Housing for Youth Project. NRCPP is working on a New York City based pilot housing project to find permanent, subsidized housing for youth "aging out" of the foster care system. Because of the critical shortage of low-income housing, adolescents moving out of foster care - often without needed family support - face the daunting challenge of finding suitable housing with few resources and limited connections. Many of these young adults do not succeed and eventually join the ranks of the City's homeless.

The short-term project will work to connect young, financially independent adults soon to age out of foster care and landlords with available, affordable apartments.

Curriculum Development - Assessing Relative Caregivers. The Relative Caregivers Curriculum Project (funded by DHHS, ACYF) Children's Bureau, at

Facts About Foster Care Youth

Within 2 to 4 years of leaving foster care:

- Only half have completed high school
- Fewer than half are employed
- One fourth have been homeless for at least one night
- Thirty percent did not have access to needed health care
- Sixty percent of young women have given birth
- Less than one in five is completely self-supporting

NRCPP is in high gear. During the past six months, we have completed a draft outline of the curriculum based on information gathered from a series of focus groups and from meetings with our project partners to review curriculum currently in use in the projects and to draw from the expertise of Joan Morse and Deb Adamy who have responsibility for curriculum design. In addition, we held a two-day meeting in New York City with members of the local implementation teams from Baltimore City Department of Social Services and New York City Administration for Children's Services to review the current curriculum draft and begin to identify specific training activities. As a result of this meeting, we have scheduled the first pilot training in Baltimore in early spring. We are pleased at the progress in this project and look forward to the outcome of the pilot training.

Concurrent Permanency Planning State Status Report. Lorrie Lutz, an independent consultant working with NRCPP, is compiling a survey of progress states have made in planning and implementing concurrent permanency planning initiatives. This report will be available in the Spring of 1999. Concurrent Planning Curriculum and Train the Trainer Guide. To assist agencies across the country in their permanency planning efforts, a train-the-trainers guide on concurrent planning has been developed by Linda Katz and Rose Marie Wentz in collaboration with many individuals and organizations around the country. The project is a joint effort between the Northwest Institute for Children and Families and the National Resource Center for Permanency Planning. Copies will be available for distribution through the

Northwest Institute as well as the NRCPP by Spring 1999. Renewing Our Commitment to Permanency for Children - Regional Forums. The NRCPP in collaboration with the Child Welfare League of America is planning a series of five regional forums on the family, organizational and community level strategies needed to renew our commitment to successful permanency planning outcomes for children. The first pilot forum is planned for April 12-14, 1999 in Washington, DC. Multi-disciplinary teams will be invited to work together to develop a plan for how that 'team' will achieve ASFA's safety and permanency mandates fairly and effectively. More will appear on this initiative in our Spring newsletter.

1999 National Roundtable on Family Group Decision Making (FGDM) and International Conference on Evaluating FGDM. May 12-14, 1999, Seattle, WA. Sponsored by the American Humane Association, and co-sponsored by NRCPP. This Roundtable has two purposes: (1) for those unfamiliar with this emerging practice, it will build participant knowledge of family group decision making in child welfare; (2) for communities that have implemented FGDM, the Roundtable will concentrate on more advanced practice, policy, and administrative issues. The format will include panel discussions, role plays, small workshops, and informal opportunities for participants to network. For more information or registration contact Mickey Schumaker at AHA: (303) 792-9900 (voice); (303)792-5333 (fax); mickey@ameri-canhumane.org (e-mail).

UPCOMING NRCPP NEWSLETTERS

The following topics will be featured in upcoming NRCPP issues of Permanency Planning Today:

Spring 1999: Strengthening the Full Continuum of Permanency Planning -- The Safe and Stable Families Program.

June 1999: Overrepresentation of Children of Color in the Foster Care System.

If you are not currently on the NRCPP mailing list for Permanency Planning Today and would like to be added, please contact Sharon Karow by phone: (212) 452-7432 or email: skarow@shiva.cuny.hunter.edu.

WHERE CAN I FIND MORE INFORMATION?

The following is a listing of reports, summaries and materials available through NRCPP. Unless otherwise noted, copies can be obtained by contacting Sharon Karow at: (212) 452-7432 or email:

skarow@shiva.cuny.hunter.edu.

Listening to Youth Report: The final report of the Listening to Youth Project, highlighted in this issue of Permanency Planning Today (p 6.), describes the projects' goals and methodology, lists the interview questions and the moving, thought-provoking youth responses, and provides recommendations for change offered by the former youth in care. A copy of the report can be purchased from NRCPP for \$5.00.

Permanency Planning Today
 The Quarterly Newsletter of the
 National Resource Center for Permanency Planning at
 Hunter College School of Social Work
 129 East 79th Street
 New York, NY 10021

Legislative Summaries: Diane Dodson, an attorney, and NRCPP consultant, has been working on summaries of major child welfare legislation for distribution. A summary of the Adoption and Safe Families Act of 1997 is complete and available upon request. Summaries of the following legislation will be available shortly: Adoption Assistance and Child Welfare Act of 1980; the Child Abuse Prevention and Treatment Act; and Title I: Temporary Assistance to Needy Families of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (as it pertains to child welfare).

Wisconsin Youth in Care Study: In 1998, the University of Wisconsin-Madison School of Social Work and Institute for Research on Poverty completed a multi-year project investigat-

ing the "experiences and adjustment of youth" in Wisconsin after being discharged from foster care. Initial interviews with youth participants began in 1995 while the youth were still in care and follow-up interviews were conducted 12 to 18 months after their discharge from out-of-home care. A copy of the report can be obtained online at the University of Wisconsin-Madison's web site: <http://www.wis-mad@aol.com> or by calling Sharon Karow at NRCPP.

EMU Kinship Curriculum: Kinship training materials, developed by the Eastern Michigan University Department of Social Work, can be purchased through NRCPP. Included in the materials are two manuals: The Kinship Training Program, highlighting strategies for developing extended family support for intra-familial child

placements and Family Traditions, providing guidelines for kinship caregiver forums. In addition, a kinship video series is offered: Kinship, A Family Tradition, presenting an overview of the historical context of kinship caregiving; Families Speak Out, sharing the personal stories of three kinship caregivers; and Reframing Social Work for Family Empowerment, offering professional viewpoints on social work practice with extended families.

Tools for Permanency Planning: NRCPP "Tools for Permanency" fact sheets are available on Concurrent Permanency Planning, Family Group Decision Making and Child Welfare Mediation, and can be purchased from NRCPP for \$1.50 per tool. A fourth fact sheet on kinship care will soon be available for distribution.

Summer
2001



The Semi-Annual
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FOR FOSTER CARE &
PERMANENCY PLANNING
at the Hunter College
School of Social Work**

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129 EAST 79th STREET
NEW YORK, NY 10021
TEL 212/452-7053
FAX 212/452-7051
www.hunter.cuny.edu/socwork/nrcfcpp

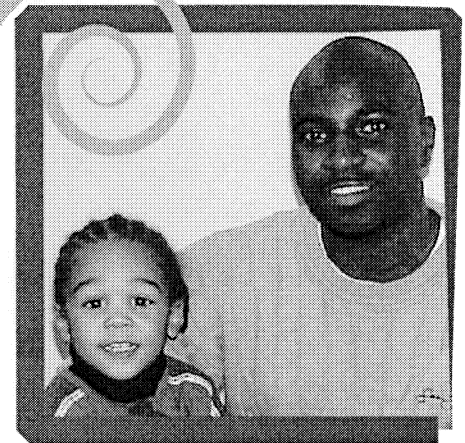


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Permanency Planning Today

New Child and Family Services Reviews

*Reprinted from National Child Welfare
Resource Center for Organizational Improvement
Newsletter Volume 3, Number 2 (Winter 2001)*



How well are states doing in achieving safety, permanency and well being for the children and families served by their child welfare programs? How well are the systems that promote better outcomes—such as case review systems and quality assurance systems—functioning? These are the questions to be examined through the new child and family services review process.

These new reviews will focus on assessing both the outcomes achieved for children and families and the systems that support improved outcomes. This emphasis on results is a major departure from previous federal review processes, which focused on whether states were in compliance with certain procedural requirements as evidenced by complete and accurate case documentation.

The outcomes focus of the new reviews is paired with an emphasis on involving states as partners in a continuous quality improvement process. States assess their own strengths and weaknesses at each stage of the review process. And unlike previous review processes, when weaknesses are identified, states have the opportunity to make improvements before they are penalized.

In designing the new review process, the Administration on Children and Families (ACF) engaged in extensive consultation with national organizations, and piloted the process in 14 states. Comments were received on proposed regulations, which were published in the Federal Register in September of 1998.

The content of the final rule, published on January 25, 2000, reflected the comments received on the proposed rule and the lessons learned from the pilots and the consultation process. The new rule calls for all states to undergo a review within four years from the effective date, March 25, 2000.

The Focus of Reviews

The new reviews will focus on seven outcomes—divided among the broad areas of safety, permanency and well-being as well as seven systemic factors. The seven outcomes are as follows:

Safety

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible.

Permanency

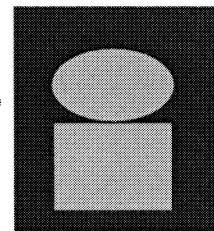
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections are preserved for children.

Child & Family Well Being

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

Systemic factors are related to state agencies' capacity to deliver services leading to improved outcomes for children and families. Since all seven areas are State Plan requirements, the review process focuses on whether these systems are in place and functioning as required by federal regulations and statutes. The seven systemic factors are:

- Statewide information system
- Case review system
- Quality assurance system
- Staff training
- Service array
- Agency responsiveness to the community
- Foster and adoptive parent recruitment, licensing and retention



Family Group Decision Making as a Time Limited Reunification Service

by Sara McNeely
Foster Care Consultant
Minnesota Department of Human Services,
Family and Children's Services

Worker and administrators are always looking for novel approaches to working more effectively with children, youth, and families. In Minnesota, one approach, which we found to work was to increase our use of the Family Group Decision Making (FGDM) Approach.

Utilizing the Title IV-B2 Time Limited Reunification Services (TLRS) grants to states allowed Minnesota to try a new approach for working with families. The Minnesota Department of Human Services solicited grant applications from county and tribal social service agencies to use Family Group Decision Making (FGDM) to plan for and support a child's return home from placement.

We issued eight grants to individual county agencies and to regional groups of counties and tribes. In all, 21 counties and three tribes are represented. Family Group Decision Making meetings are offered to the families of children who are in placement because of maltreatment, delinquency, the child's mental health needs, or the child's developmental disability. Of the eight projects, one is focusing on sibling groups in placement and two are focused on recruiting bilingual facilitators.

The primary outcomes of this project focus on three areas:*

**Child Safety
Reunification
Permanency**

Child Safety is measured by whether or not the child experiences maltreatment after reunification or, for children who are not reunified, some other permanent home is established.

Reunification measures the number of children who return home (to either parent or the person who was providing primary care), who subsequently live with another relative, and those who move to non-relative care.

Permanency measures the number and length of subsequent placements.

Each grantee was required to set additional goals and outcomes as a means of monitoring their practice with children and families. The evaluation process is just beginning and results will be available in September 2002.

The grantee projects were initiated the first half of 2000. Here are some of the things we have learned about start-up that could be useful to others:

- ◆ Grantees are in various stages of implementation ranging from facilitators and workers being trained to workers regularly making referrals to FGDM. It is important for us to remain flexible to allow each agency to pace its implementation in the same way that we expect workers to be sensitive and flexible to a family's process.
- ◆ We allowed for a three-month planning phase to bring stakeholders on board, to provide training for facilitators and referring workers, and to develop forms and procedures. Some grantees would have benefited from an additional two or three months for planning. Although it's easy to get bogged down in the planning process and delay the first FGDM meeting until everything and everyone is ready, it's helpful to have ample time for the preparation and information sharing phases of implementing a new program.

We don't think it's necessary to have more than six months planning process— at some point you just need to jump in and get started.

- ◆ Every grantee has had families referred for FGDM, however referrals are lower than expected. One reason for this is the reticence of service providers and families about FGDM processes and results. For service providers, this reticence is to "change" and is important to consider when implementing FGDM. FGDM requires a shift to relating to family members as team members and to trusting the family's abilities to successfully plan for their child's care. For families, FGDM also requires a shift to relating to their family members as team members who want to help them plan for their child's care, and to trusting the service provider's intentions.

In addition, some parents and children are embarrassed to talk about their problems with other family members and have not experienced a supportive family environment in the past.



Training was one of our biggest needs, and the National Resource Center for Foster Care and Permanency Planning at Hunter College School of Social Work supported our training efforts by covering part of the cost of the training. We contracted with Jim Nice and Patricia Evans to provide training on FGDM basics (we call this FGDM orientation) for referring workers, other agency staff and other stakeholders. Since February 2000 Patricia and Jim have trained about 500 people in Minnesota, including child protection and children's mental health workers, probation agents, community based service providers, county attorneys, facilitators, supervisors and managers.

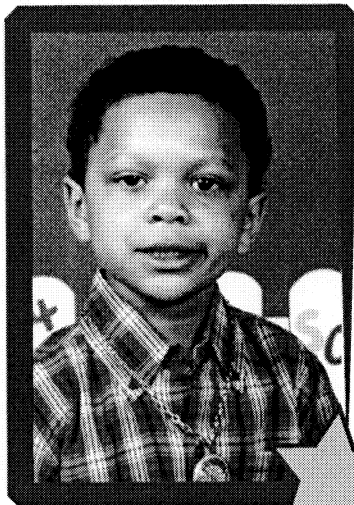
The Department also provided training for facilitators and coordinators. FGDM facilitators receive a total of five days of training. One day is the FGDM orientation mentioned above. The other four days are based on mediation skills training and include how to address issues of chemical use, domestic violence, child abuse, data privacy, and mental health that arise during the FGDM meeting and preparation for the meeting. Minnesota now has a pool of 175 community and agency based FGDM facilitators around the state.

Both the FGDM orientation training and the facilitator training will be incorporated onto our Minnesota Child Welfare Training System (MCWTS) by the end of the year. The MCWTS provides fundamental and advanced child welfare training to county and tribal agency workers.

This project has created a lot of excitement in Minnesota for Family Group Decision Making and what it offers families and workers. Although this grant money can be used only for time limited reunification services, the effects of this project are being felt across the service continuum and in communities. Grantees are using local dollars to conduct FGDM meetings for

families who do not meet the criteria for this grant, and counties who are not part of this grant process are also implementing FGDM. It is changing our work with families and with each other. Grantees report that workers are approaching families with more confidence in the family's skills and ability to change and care for their children. Workers are seeing hope for some families where they didn't before. In addition, families who hear about FGDM from others are now starting to refer themselves to FGDM.

** Please note that this project had specific outcomes which may not reflect the overall scope of the federal outcomes for children.*



Renewing Our Commitment to Permanency for Children: Permanency Practice Strategic Action Planning Forums

by Judy Blunt, Assistant Director, NRCFCPP

History

In many ways the key to moving children and families toward safety and permanency is for child welfare agencies to institutionalize a safety-focused, family-centered, and community-based approach as the cornerstone of service delivery. Quality services require a policy, fiscal and organizational environments that facilitates effective practice.

In an effort to keep the promise of permanency vital and strong, the Child Welfare League of America - CWLA and National Resource Center for Foster Care and

Permanency Planning at the Hunter College School of Social Work have formed a collaborative to offer hands-on assistance to state/local jurisdictions in planning to implement the permanency provisions of the Adoption and Safe Families Act (P.L., 105-89). The purpose of the project is to help public and private child welfare agencies, in collaboration with the courts, legal professionals, and community-based service providers, to meet the safety and permanency provisions of the new law, while maintaining the integrity of family-centered, culturally competent, community-based child welfare practice.

This initiative grew out of a two-day launching conference, funded by the Johnson Foundation, NRCFCPP and CWLA, in October of 1998, at the Wingspread Conference Center in Racine, Wisconsin. During this conference, the group revisited what had been learned about permanency planning over the past two decades and discussed current opportunities and challenges to achieving positive timely permanency outcomes. This discussion shaped a report entitled: *Renewing Our Commitment to Permanency for Children: Wingspread Conference Summary Report: An Issue Brief* (CWLA, 2000).

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TEL 212/452-7053

FAX 212/452-7051

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Permanency Planning Today

Achieving Permanency for Children & Youth Through Skillful Case Planning:

Some Lessons Learned from Child & Family Services Review Final Reports

by **Jerry Buie**

Department of Social Services, Salt Lake City, UT

and **Gerald P. Mallon**

Executive Director, NRCFCPP

The foundation of the work between the caseworker and the family rests on engagement with the family in the development of the case plan. A well thought-out case plan is essential to achieving timely permanency. All too often however, initial assessments, whether they are structured assessments or the more traditional biopsychosocial assessments, seldom move beyond the beginning stages of case planning.

In a very real sense, the case plan is a road map for the shared work of the caseworker and the family - it asks: "Where are we going and how will we get there?" Resulting from the initial assessment analysis, the case plan (also called the service plan in some states) provides the direction and boundaries of the involvement between the family, the caseworker, and the array of collateral systems. After reaching mutual understanding - if not agreement - about the strengths, behaviors, needs, underlying conditions, and contributing factors producing the child welfare concerns, the caseworker and the family must now resolve how to mobilize their strengths and resources to address these concerns in a way that ensures safety, reduces risk, and supports permanency for children and youth.

Weaving an analysis from the information amassed in the initial assessment process, the caseworker now constructs with the family and other collaborators - a case plan. The problem statements concretized in the initial assessment and analysis now leads the worker toward the development of outcomes and activities that will move the family in the direction of permanency. The message in this part of the process is that while the service plan may require amendment, an initial assessment must precede planning.

In assessing the problem, the social worker must cast his or her net widely - thus pulling in a range of variables to develop the appropriate case plan. Good case plans that promote timely permanency, flow from thorough initial assessments.

The major function of ongoing case assessment is to understand the client system's problems and to systematically review and revise that understanding when necessary. Working toward this understanding means discerning how and why changes in the client system's problem are manifested. Assessing the progress toward permanency and ultimately to learn about which permanency outcomes, are most useful when coupled with an understanding about how the progress a family toward the outcomes, are overlapping and interdependent endeavors.

Using the actual data derived from the Final Reports of State Child and Family Services Reviews in several states, without using identifying information about those states, this article focuses on the core elements which must be included in developing competent case planning to facilitate permanency for children and youth in out-of-home care.



One State's Approach State of Alabama

Department of Human Resources

Prepared By: Mike Norton, May 1994

Adapted From & Revised June, 1999

INDIVIDUALIZED SERVICE PLANNING PROCESS (Abbreviated Version)

Information Gathering

- organize and review case record
- review available assessments (e.g., psychological, educational, social summaries, court report)
- make a plan to obtain other needed assessments
- list critical questions left unanswered after completing the case review or any questions raised by conflicting information
- list strengths and needs based on information reviewed

Actively Involving Family & ISP Team Members in the Initial & Ongoing Assessment Process

- engage family members around issues which are most important to them; causing them the most pain; and most important to the children's safety
- identify strengths
- identify risks
- identify and prioritize needs and underlying conditions
- establish the desired case outcome or permanency goal

Preparing the Family & ISP Team Members for the ISP Meeting

- explain the meeting's purpose is to develop steps/services to meet previously identified needs
- encourage family participation through articulation of strengths/risk/needs, asking questions, and contributing ideas to the design of services
- determine best date, time, location for the meeting and supports the family needs to attend
- determine who will be invited as team members
- discuss team members' roles and responsibilities
- discuss confidentiality issues and obtain any needed releases

The ISP Meeting (Child & Family Planning Team Meeting)

A. Make Introductions & Explain Purpose

- invite everyone to introduce themselves
- explain purpose of confidentiality statement and obtain signatures
- explain purpose of meeting is to develop a plan based on strengths/needs

- direct group to focus on keeping the meeting to no more than one (1) hour

B. Summarize Case

- present a concise verbal summary of the case and current status with emphasis on strengths
- distribute appropriate documents (e.g., assessments, social summaries) when prior family permission has been given

C. Discuss Strengths/Needs

- identify strengths/needs may be listed on a flip chart
- explain that some strengths/needs were previously identified with the family
- keep discussion away from services
- discuss applicable policies (e.g., telephone/mail, visiting, behavior management) as needed
- address child's needs for family contact and maintaining attachments when child is in care
- prioritize and select needs

D. Develop Goals

- identify at least one goal for each prioritized risk/need
- determine if goals need to be long-term or short-term
- word the goal so that it describes the desired change in the underlying condition
- discuss when goals may change (e.g., when they are achieved, if a more appropriate match of need/service is necessary, if a more effective method of service delivery is needed)

E. Brainstorm Strategies For Meeting Goals

- create an extensive list of possibilities which are not limited by existing services
- remember "natural helpers" (informal supports)
- be visionary and inventive

F. Select Steps/Services

- make steps small, measurable, time-limited, built on strengths, and matched to needs
- make some steps accomplishable within 7-10 days so family can experience success quickly
- identify who will accomplish what within specified time frames
- include method, frequency and who is responsible for monitoring implementation
- review steps to clarify team members' expectations and understanding of responsibilities
- develop crisis plan as needed

G. Conclude Meeting

- thank team members for efforts, contributions, and cooperation in developing the plan
- inform team members that the plan will be



revised as needed and at least every 6 months

- set approximate or definite date for next review
- inform team members they can request the plan be reviewed
- explain the written plan will be completed based on decisions made during the meeting, and that a copy will be distributed to each team member within 10 working days

Follow-up Activities

- complete the written ISP
- distribute the completed ISP to team members
- resolve any discrepancies and/or controversial issues noted by team members

Monitoring & Evaluation

- make sure steps/services have been initiated as outlined in the ISP
- regularly assess the ISP with family and team to determine if it is promoting change
- develop and implement a plan for supervisor to monitor oversight of ISP
- reconvene team if steps/services are not effectively meeting needs or are not being completed within specified time frames
- include everyone affected by a proposed change in meetings where the change is discussed
- notify team members ASAP when they are unable to attend meeting and are affected by changes



Supporting & Retaining Foster & Adoptive Parents

by **Lynnon Stout**

Executive Director of Iowa Foster & Adoptive Parents Association (IFAPA)



The Iowa Foster and Adoptive Parents Association's (IFAPA) vision is to provide leadership in Iowa to insure that every child has a secure, loving and stable family. To this end, in conjunction with other public and private organizations, the Association provides statewide support,

training, advocacy and public awareness to recruit and retain quality foster and adoptive families.

The problem in maintaining sufficient foster homes for children in need is principally one of retention. Finding adequate support from their social workers in short supply, numerous foster parents leave the system before their first year of caring for a child is over. According to the National Foster Parent Association, as many as 60% of foster parents quit in the first twelve months when the hard realities of being a foster parent set in.

As foster parents quit, foster children are subject to repeated placements, increasing the likelihood that they will suffer the trauma that often accompanies placement instability. Multiple placements can delay the prospect of reuniting children and youth with their families. The circle of placing a child in one home, then another is a story that makes the goal of "first placement is the last placement", seem almost unattainable.

This vicious circle can be broken with better recruitment, more adequate foster parent preparation, and higher quality provision of support for foster families. If the role of their foster parent is clarified, and the necessary training and support to bolster that role is provided, finding and keeping qualified foster families can become more of a reality for children and youth in need. From a macro perspective, it is far more cost-effective for a state to retain experienced foster families than to recruit and train new families continuously.

Strong support programs & staff provide foster families with 7 essential core elements of retention:

**Appreciation • Respect
Caregiving Assistance • Crisis Services
Professional Development
Emotional Support • Personal Involvement**

Iowa's Foster and Adoptive Parents Association provides support that helps meet these needs through the following programs:

Support for New and Seasoned Foster & Adoptive Parents

- Free membership to all Iowa's foster and adoptive parents
- Welcome Pac containing contact information and News and Views of Iowa, our bi-monthly newsletter
- Publications -written by our professional staff for foster and adoptive parents including material on child abuse assessment, confidentiality, the impact of adoption on children, and bi-weekly legislative bulletins



Client Based Surveys

IFAPA conducts numerous client surveys to assist us in identifying ways that we can better serve our constituents. Listed below are some of the things that our foster and adoptive parents asked us to address.

Program Services Foster & Adoptive Parent Liaisons

Each liaison or liaison couple provide support to the foster and adoptive parents in their assigned counties. They each have a local telephone number and an 800 # to receive calls from foster or adoptive parents who have needs. The Liaison also assists in establishing and providing support, referrals, training ideas, and even facilitation of the support groups in their assigned counties. We have a liaison in every county.

Affiliated Support Groups for Foster, Foster/Adopt & Adoption

Each year IFAPA offers a Support Group Retreat, allowing each support group to send two members to the two-day retreat at no expense. The focus of the retreat is to assist members in organizing, facilitating and arranging training to support their members.





Foster Care Respite Program

The IFAPA Respite Program's aim is to ease some of the stresses associated with foster parenting by locating temporary care for foster children so parents may enjoy a planned vacation, or to provide them with a guilt-free break.

Foster Allegation Information Resource (FAIR)

The FAIR Program provides an unbiased resource to foster parents who are involved in a child abuse assessment.

Training

IFAPA has excelled in the development of numerous training opportunities for foster and adoptive parents. We cover areas such as Understanding Attachment Disorder, Developing Anger Management Techniques, Dealing with Acting Out Behavior, and understanding Attention Deficit Disorder.

IFAPA Annual State Conference

This yearly event is a training opportunity providing 12 hours of in-service training for foster and adoptive parents. Training topics are based upon requests from foster and adoptive parents throughout the state.

Preventative Practices: Strategies for Minimizing the Risk of Child Abuse Allegations in Foster Homes

This service was developed to provide foster parents with the education and resources necessary to recognize possible risks in their homes and to keep their family and foster children safe.

Transracial Parenting & Cultural Awareness Training

This training is based upon curriculum provided by the North American Council on Adoptable Children (NACAC). The purpose is to educate parents on what it means to parent a child who is from another race or culture. The goal of the training is to help parents make better decisions about their ability (both present and potential) to raise a child of another race, culture or ethnic background.

Respite Training

IFAPA developed a 2-hour training on a variety of foster care respite practice issues. This training educates foster parents and social workers on basic respite information, as well as communication and confidentiality in respite situations.

Adoption Training

Bringing nationally recognized experts to all areas of Iowa, IFAPA provides numerous trainings for adoptive parents.

Recommendations

Based on information gathered from our many years of providing support services for foster and adoptive families we offer the following suggestions to State foster care program managers, local public and private foster care agencies, and foster care associations to augment the support and services available to foster families.

- Develop a state-wide "Foster Parent Tool Kit" to provide foster parents with information about what they can expect from foster care agencies, their role, rights, and protections as foster parents, and procedures for voicing their concerns regarding the children in their care

- Promote the designation of foster parent advocates to work directly with foster parents and the agency to represent the concerns of foster families and give them a "voice" in determining both their best interests and the interests of the children in their care

- Encourage networking and information sharing among foster parents through local and national foster parent associations, support groups, foster parent community newsletters, and agency alerts regarding policy changes

- Establish "clothes closets" to disseminate clothing and provide household necessities to foster parents in an effort to reduce their out-of-pocket expenses and designate funds to cover one-time expenses (e.g., sports equipment)

- Provide opportunities to develop consistent rapport between foster parents and caseworkers

- Promote collaborative efforts by ACF, State agencies, and national organizations to make child-care and respite care services more accessible to foster parents

- Establish local networks of licensed child and respite care providers

- Provide foster parents with information (e.g., foster parent handbooks, manuals) to assist them in navigating the foster care system and accessing dental, medical, and any other needed services

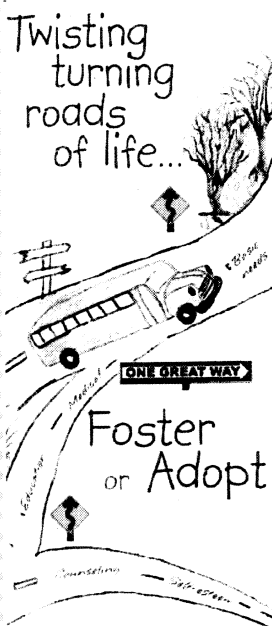
- Provide information to foster parents on how to cope emotionally and financially with investigations of abuse. This can be accomplished by including the information in existing training curriculum, and developing training specifically focused on investigation survival

- Development of outcome-based retention strategies to determine why families choose not to continue fostering

- Development of data tracking tools to collect retention information

- Establishment of benchmarks and performance indicators

- Collection of retention data, and analysis of data



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For a variety of reasons, some families are unable to provide safe environments for Children and youth. To protect these children, State child welfare agencies are tasked with the responsibility for separating children considered to be at-risk of abuse or neglect from their families and placing them in foster care. Foster care placements provide children with temporary living arrangements, physical care, emotional support, and other services intended to protect and promote their growth and development until they can be reunited with their families or receive an alternative permanent placement (i.e., adoption or guardianship).

The ideal foster care system would have a sufficient number of foster care families with the skills to meet the needs of the children and youth separated from their families. However, States are experiencing a shortage of families willing and able to provide foster care and a shortage of foster care families willing or able to meet the specific needs of the children in care (e.g., children with disabilities, adolescents, and other special needs children and youth).

This article focuses on the State of New Jersey's efforts to recruit foster care families. A separate article in this issue focuses on the unique aspects of retention of foster care families.

Children need families to love and care for them. When a child or adolescent can no longer live safely with their own family, they need another family to care for them. The Office of Permanency Support for the State of New Jersey developed a recruitment program to help communities find foster and adoptive families to care for children and youth.

The goals of our recruitment program are to:

- Find foster and adoptive homes for children and youth in need of care
- Involve foster and adoptive families in the recruitment of other foster and adoptive families
- Keep siblings together in foster and adoptive placements
- Keep children and youth in their home communities
- Reduce other changes in children's lives as they are separated from their families
- Promote permanency for children and youth

Recruitment for Foster Families in New Jersey

by **Vinette Tate**
New Jersey Foster Care
Manager

The activities of the Office of Permanency Support for the State of New Jersey Recruitment Program represent a multi-faceted approach to foster parent recruitment including:

- General recruitment activities
- Recruitment activities specifically targeted to meet the needs of the population of children in foster care
- Recruitment targeted to specific areas or communities

A brief discussion of each follows:

General Recruitment

The recruitment activities carried out by the New Jersey Statewide Recruitment Coordinator are key components of the general recruitment effort. During 2001, the Statewide Recruitment Coordinator, with the assistance of regional recruitment staff, attended several statewide conferences and conventions. From April to December 2001, staff presented display tables, literature and made personal contact at several venues where large groups of professionals gathered. We focused our general recruitment efforts at major conferences such as: the New Jersey Nurses Convention; the National Social Workers Conference; the School Social Workers Conference; the Gospel Jamboree; the annual conference of the New Jersey Education Association Convention and the Child Welfare League of America's Mid-Atlantic Regional Conference. Our staff gave away thousands of posters, brochures, magnets, and an assortment of other recruitment materials.

In addition to participating in conference and participation at conventions of statewide scope, the Statewide Recruitment Coordinator, provided displays, literature and made personal contact at local events including neighborhood Church events; at health fairs in sponsored by Sororities like the Delta Sigma Theta Sorority; at local Day Care Conferences, and at the Children's Health Fair held annually in Monmouth County, New Jersey.

The Statewide Recruitment Coordinator took advantage of opportunities to utilize media resources as well. During the year, staff from the New Jersey Foster and Adoptive Family Recruitment office participated in the taping of several television programs in an effort to reach a wider audience of potential families.



The Coordinator and two foster parents (who are in many cases, our best recruiters) took part in taping a segment of "Images/Imagenes"; a public television program focused on issues of particular interest to the Latino population in New Jersey. Foster parents and professional staff also participated in a taping of a local News segment entitled "Defying Age." The segment features individuals over the age of 40 who embark on new ventures; in this case, the topic was encouraging those over age 40 to consider becoming foster or adoptive parents for a child or youth in need of a family.

Print, television, transit, billboard, and sports event advertising are a centerpiece of general recruitment efforts. Recruitment ads appeared in 32 New Jersey newspapers and 1 magazine. New Jersey Network TV ran over 156 television ads that aired statewide. Foster parent recruitment ads - several are reproduced here in this article - utilizing real children, not models, appeared on 1,000 public bus exteriors and 175 interiors. Our Foster Family recruitment message was also displayed on 35 billboards located throughout the state. Recruitment ads also appeared in programs distributed at games played by two New Jersey based minor league baseball teams, the Newark Bears and Trenton Thunder - both venues draw huge audiences and therefore huge numbers of potential foster and adoptive families.

All of the activities are planned, discussed and coordinated at Statewide Recruitment Meeting, held quarterly throughout the year and attended by New Jersey Department of Youth and Family Services recruitment staff and supervisors..

A new addition to our New Jersey recruitment strategy was developed in 2001, a foster care mascot "Buddy the Foster Care Bear." Buddy attends all major recruitment and retention events and has become quite popular and is instrumental in attracting event participants of all ages to the recruitment tables. Because Buddy is so large and cuddly, he attracts a great deal of attention at events. In many cases he is the "hook" that draws people to talk with our staff about the possibility of becoming foster or adoptive parents..

The general recruitment campaign in 2001 concluded with ads for recruiting foster parents for boarder babies appearing in newspapers covering the Metropolitan area of the state.

Recruitment Targeted to Specific Population of Children in Foster Care

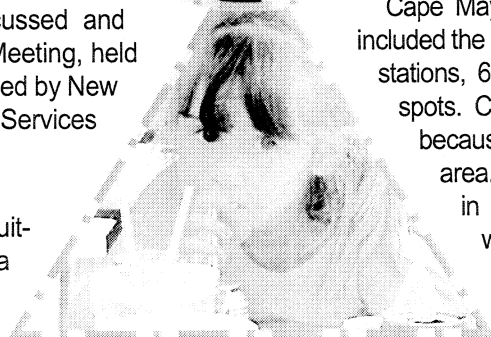
During 2000, a campaign was launched to specially recruit foster parents interested in caring for "boarder babies" as Essex county had the largest number of boarder babies in the Newark area. The project began with the selection of a campaign theme. Foster parents and children of staff were assembled to pose for the new ad and the photography shoot was scheduled for May. The campaign was kicked off in October at a luncheon held at University Hospital in Newark. During the luncheon, the new recruitment campaign images were unveiled to invited guests including local clergy, community members, and the media. The kick-off event launched an intensive campaign that included distribution of posters, brochures, and church fans. The new campaign image was also displayed on bus shelters, billboards, and Shopping Mall displays throughout the Newark area. Our print ads appeared in newspapers throughout the area.

Recruitment Targeted to Specifics Communities/Areas

In 2000, regional recruitment staff designated specific communities or areas for which targeted recruitment campaign would be planned.

A targeted recruitment campaign was executed for Cape May County (our most southern region) that included the purchase of 90 ads aired on cable television stations, 6 ads in regional newspaper and 90 radio spots. Cape May was considered untilled ground because very few foster parents came from this area. Targeted campaigns were also launched in Passaic and Bergen Counties (counties where large numbers of Latino families reside and a large number of children were entering foster care) that included the purchase of 232 ads on 3 cable stations and a total of 16 ads appearing in 4 local newspapers. Recruitment ads in these communities appeared in 2 Spanish language newspapers, 24 times on local cable stations, and 21 times on 2 radio stations.

A third targeted campaign was aimed at Perth Amboy, early in the summer, as this is a vacation spot for many families. Similarly, the fourth campaign was launched, at the request of a judge, in Ocean County and Hamilton Township in July and August to maximize our draw on families vacationing for the summer at the beach. Our recruitment ads displayed for a total of 24 weeks in movie theaters in those two areas were very successful.



Other Opportunities

Staff utilized any event possible to convey our Foster/Adoptive Family Recruitment Message. We have been successful in utilizing some public/private partnerships ventures in recruitment. The New Jersey Division for Youth and Families partnered with the Prudential Insurance Company of America in an event to kick-off the "Backpack Challenge". Individuals living and working in the City of Trenton and surrounding areas were encouraged to contribute backpacks filled with personal and gift items for children entering foster care. The



kick-off event was held on the steps of Trenton City Hall provided staff with the opportunity to attract positive media coverage about Foster Care in New Jersey and encouraged community interest by setting up a recruitment table. We also make sure at outdoor events to have our Recruitment Winnebago parked at a highly visible location to draw potential families.

Recruitment staff also attended the follow-up event later in the year when the backpacks were actually collected from a location on the pedestrian mall in the state Capitol. Once again staff took the opportunity to host a recruitment table and made sure to have the Recruitment Winnebago at that site.

Results

Inquiries to the toll-free number jumped to 6,353 in 2000, from 4,202 in 1999. After the initial impact of the targeted campaigns the inquiries fell to 4,884 in 2001. Inquiries to the website shot to 746 in 2001 from 69 in 1999. Figures to date for 2002 are 509.

Some Tips for Colleagues Recruiting Foster & Adoptive Families

All children and youth have one thing in common, they want to be part of a permanent family. Colleagues who are charged with moving children and youth toward permanency have a challenging job in finding committed and loving families for children in need. State and local agencies reviewing their current recruitment efforts may want to consider some of the following suggestions:



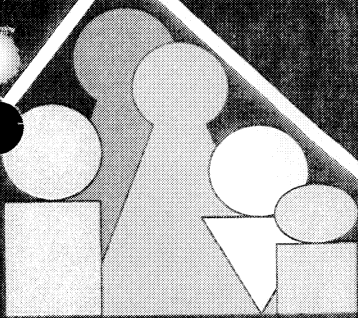
- Target recruitment efforts on parents for children who are over-represented by the population of children in foster care by tailoring recruitment campaigns to accommodate different ethnicities
- Be relentless in your quest to find committed homes for children and youth
- Use every opportunity which presents itself to "talk up" the need for homes
- Be wide in your search, do not rule out possible families which may be seen as "non-traditional"
- Consider offering stipends to foster parents for successfully recruiting other foster families
- Use foster parents as facilitators during pre-service foster parent training classes
- Work collaboratively among foster care agencies to develop innovative recruitment methods
- Develop partnerships with faith-based organizations to heighten community awareness of foster care needs and foster parenting opportunities
- Determine future foster care trends and needs
- Determine recruitment goals necessary to meet the current and future needs of children in foster care (e.g., adolescents and physically or mentally disabled)
- Develop methods to assess the success and effectiveness of recruitment efforts (e.g., survey foster parents and establish benchmarks and tracking data);
- Strive to sustain recruitment campaign efforts throughout the year
- Allow foster care agencies to recruit outside of their communities to maintain a steady influx of new prospective foster families.



For more information on New Jersey's Recruitment Efforts, visit our website at www.njfostercare.org or call Vinette Tate at 1-877-NJ-Foster.



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Permanency Planning Today

Achieving Permanence for Children in the Child Welfare System:

Pioneering Possibilities:
Amidst Daunting Challenges

by **Lorrie L. Lutz, MPP**



PERMANENCE:

the word brings to mind thoughts of forever, safety, security – an attachment – between a child and a caring adult. We have learned through research and study of human development that to evolve into a psychologically healthy human being, a child must have a relationship with at least one adult who is nurturing, protective, and fosters trust and security. We also know that optimal child development occurs when the spectrum of needs are consistently met over an extended period.¹ We also know that having this connection with an adult who is devoted to and loves a child unconditionally, is critical to helping a child overcome the stress and trauma of abuse and neglect. However, the reality is that children in foster care, who have been victims of abuse and neglect move—a lot. When this day-to-day consistency is lost, the emotional consequences of multiple placements or disruptions further impacts the child's ability to trust and love. Repeated moves compound the adverse consequences that stress and inadequate parenting have on the child's development and ability to cope. Adults cope with impermanence

by building on an accrued sense of self-reliance and by anticipating and planning for a time of greater constancy. Children, however, especially when young, have limited life experience on which to establish their sense of self. In addition, their sense of time focuses exclusively on the present and precludes meaningful understanding of "temporary" versus "permanent" or anticipation of the future. For young children, periods of weeks or months are not comprehensible. Disruption in either place or with a caregiver for even one day may be stressful. The younger the child and the more extended the period of uncertainty or separation, the more detrimental it will be to the child's well-being.²

It has taken the child welfare system over three decades to fully appreciate and then implement key policy and practice reforms that emphasize permanence as a fundamental requirement for the healthy development of a child. This revolution has resulted in refinedevolved definitions of best practice and a challenge to policy makers and practitioners to do a better job for children.

More than ever before in the history of child welfare practice – the emphasis is on maintaining or creating permanent relationships and connections between children and caring adults.

HOW ARE WE DOING?

On January 25, 2000, the Department of Health and Human Services (DHHS) published a final rule in the Federal Register to establish a new approach to monitoring State child welfare programs. Under the rule, which became effective March 25, 2000, States are being By the end of March 2004 all States will have been assessed for substantial conformity with certain Federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services. The Child and Family Service Reviews are assessing the following indicators:



Safety

Children are, first and foremost, protected from abuse and neglect.

Children are safely maintained in their homes whenever possible and appropriate



Permanency

Children have permanency and stability in their living situations.

The continuity of family relationships and connections is preserved for children.



Family & Child Well-Being

Families have enhanced capacity to provide for their children's needs.

Children receive appropriate services to meet their educational needs.

Children receive adequate services to meet their physical and mental health needs.

These reviews have identified the need to focus on placement stability in a number of States. In an effort to identify practices that can address this concern at the state and local levels, the NRCFCPP, at the request of the Children's Bureau, has contacted States to discuss related activities. A few of the States' current strategies to address placement stability are presented in this article.

GEORGIA: FIRST PLACEMENT BEST PLACEMENT

First Placement/Best Placement is Georgia's plan to reform their foster care system. When children enter foster care, both the child and family receive a comprehensive assessment, including medical, psychological and educational evaluations. The standards for the critical assessments and levels of foster care services were developed with the help

of the private sector in an inclusive planning process. The assessments assist caseworkers to place the child in the most appropriate setting. Through public/private partnerships, Georgia Division of Family & Children Services (DFCS) has been developing a pool of specialized homes that will be available for children who have mental, emotional or physical problems.

Since March 1998, five counties have successfully implemented First Placement/Best Placement. The five demonstration sites are Bibb, Colquitt, DeKalb, Screven and Whitfield counties. In January 1999, two additional sites were added. During FY 1999, DFCS is contracting with other agencies that can provide specialized homes for the most troubled children. This expanded network of homes will provide placements for all types of children.

Training to Support the First Placement/Best Placement Initiative

The state of Georgia is committed to training all providers and county staff in order to ensure the success of First Placement Best Placement. The training was designed for private providers and DFCS workers to receive the same technical information on all tools, standards, and policies of the First Placement, Best Placement program and included such content as completion of the Child and Adolescent Functional Assessment Scale CAFAS, child assessment and basic issues such as access of funds and transportation.

Wrap Around Support

Wrap Around services have recently been offered to assist the reunification process. The services include but are not limited to in-home intensive treatment, in-home case management, and crisis intervention. Wrap around service monies can be used to pay for counseling of the foster parent, counseling of the parent who has a child in foster care and counseling of a parent and/or child when the child is in after care.

Focusing on Adolescents

The adolescent component of the First Placement, Best Placement assessment is part of the comprehensive assessment program to successfully guide young people (ages 14 to 21) from foster care to self-sufficiency. The observations and recommendations derived from the assessment are presented at the Multi-Disciplinary Team staffing (MDT). The comprehensive assessment is designed to be completed in partnership with teens so they can identify areas of strength and challenges as they move toward transition. In addition, collateral interviews are completed with parents, caseworkers and/or teachers.

Evaluation of First Placement Best Placement

DFCS is working with Emory University to evaluate the effectiveness of the plan. Preliminary data from the demonstration sites show that children are spending less time in foster care, with fewer moves in the foster care system. One out of every four children is able to return to the birth family within six months. Of the children who have not returned to their families, almost eight out of ten remain stable in their first placement. The demonstration sites were able to develop 82 new foster homes.

SOUTH DAKOTA: ENHANCED COMMUNICATION

South Dakota decided to focus on the core of placement stability—the quality of the relationship between the agency and its caregivers. In part the poor retention of foster families was attributed to the lack of meaningful and ongoing dialogue between agency staff and foster families. Poor retention means the disruption of child placements. While South Dakota always required foster families to provide monthly reports to the agency, all agreed that they were not viewed as important—not by the agency staff and not by the foster family. The information provided was cursory and did nothing to improve the communication and understanding between the staff and the foster families. In an effort to improve communication and the agency's understanding of the foster families perspectives, experiences and concerns, the monthly report form has undergone a major revision. The information being requested is more substantive, addresses both child well being as well as foster family stressors and provides opportunities for foster families to share their perceptions on the stability of the placement. Foster families and line staff have been trained on the purpose and importance of the new reporting requirements and format, on how to complete the form. Policy is also being crafted around the responsibilities of the staff and supervisors when the report indicates a potential disruption in a placement. The expectation is that the social worker will visit the foster family within 24 hours and seek to find ways to provide support, respite and encouragement, either through the social worker, a community based provider or another resource family. According to Duane Jenner, foster care specialist, "this innovative model of crisis innovation could result in fewer disruptions in placement and a more effective partnership between agency staff and foster families. We are hopeful that foster families will see this as a direct response to concerns they have voiced about our lack of responsiveness to their needs."

MISSISSIPPI:

NO DISMISS CONTRACT CLAUSE

Between 1995 and 1999 the state of Mississippi became increasingly interested in the idea of creating a contractual clause that eliminates the ability of certain providers to either refuse to take a child or reject a child based on the child's behavior. After numerous conversations with providers and line staff, in early 2002 the state implemented their NO Decline/No Dismiss Policy for Therapeutic Foster Care or Therapeutic Group Homes. The contract stipulates that if a child is determined to be eligible for the designated NO Decline/NO Dismiss service, then the provider must take the child into care and they must maintain the care until it is determined that this level of care is no longer required. Gail Young, Director of the Placement Unit for the state suggests that one of the things that the state might have done better during the implementation phase of this contract, was to provide training to these select providers on ways to meet the needs of the very challenging children ending up in care. The child's complex needs in the areas of mental health and developmental disabilities are creating increased demands on providers. Previously, when faced with challenges of the child's behavior or care needs, these providers would have asked that the social worker remove the child from their care. Today they are faced with the requirement to provide care without some of the skills necessary at the line staff level. Training would have assisted in the transition to this contractual arrangement.



While Ms. Young, is the first to admit that there are loopholes in the policy and that it is by no means working perfectly, there have been some very important by-products of this contracting model that all agree are improving stability of placements for children.

Some of these healthy byproducts include:

- ★ Frequent and consistent communication between the state and providers has resulted in the stabilization of placements that were very vulnerable, and opened up communication between the state and providers for a renewed commitment to partnership and problem resolution.
- ★ Identification of the training needs of the provider,
- ★ Triage in response to a "heads up" phone call from the provider prior to removal of a child in an effort to avert a placement disruption through respite, additional supports, and increased agency involvement. (This "heads up" phone call is a vast improvement over the calls of the past where the provider simply said "come take this child").

Overall, the change in contracting is improving dialogue and increasing the quality of the working relationship between providers and the state. "I have to believe that this will in time impact the stability of placements" indicates Ms. Young.

VERMONT: SHINE THE SPOTLIGHT ON THE PROBLEM

Prior to the CFSR, staff from central office conducted an intensive and comprehensive statewide self audit. From this self assessment they learned that children who enter custody after the age of five are most likely to move. The following were identified as the major reasons for placement disruptions:

- ★ A high percentage of older children are entering care because they have exhausted the community services available to them or they have intensive needs that cannot be met through in-home services. Thus, meeting the increasingly more challenging needs of these older foster children is placing additional burdens on Vermont's sub-

stitute care system.

- ★ Insufficient or lack of timely assessment of children's needs at the time of entry into care. For example, children are sometimes placed in foster homes when a higher-level placement resource would be more appropriate.

- ★ Inadequate information regarding children's special needs at the time of placement.

- ★ Confusion about the protocol to be used by foster families to access support services.



Vermont attacked the problem head on by communicating the results of the self assessment to the following key state stakeholders including Senior. Leaders, Social Work Supervisors, Vermont's Foster and Adoptive Parent Association, State Agency Partners and Community Based Partners. By communicating the results of the self assessment early in the process, Vermont was able to capture the attention of those who had the opportunity and power to make a difference.

According to Shaun Donahue, Community Services Unit Manager for the state, "The key to this phase of the change process was getting the support of the middle managers and the foster parents. Without either of those groups we were not going to impact our data." The state began this process by holding a mandatory meeting for regional directors and supervisors. Each left the meeting understanding that improved performance was a high priority. Donahue is convinced that letting people know that the state had a problem in placement stability, and bringing key leaders together to share ideas and to "own" the problem, has been the key ingredients to system change.

The state then initiated sending quarterly reports describing success in placement stability called PIP Points to every staff member in the state. These reports provide a touchstone to staff about progress that has been made in stabilizing placements and ensuring permanence as much as possible in the life of a child. Finally the state implemented a caregiver responsibility contract. This new tool clarifies the role of the caregiver in ensuring stability for the child. Since the CFSR -for three quarters in a row the state of Vermont has met their goals of placement stability. Clearly this multifaceted approach has helped for the state to move in the right direction.

CONNECTICUT: VISITATION CENTERS

The state of Connecticut and its provider community are implementing very innovative practices within the regional visitation centers of the state. Visitation centers are being funded in all regions of the state. Lynn Gobbard, Clinical Coordinator of RKIDS—the New Haven visitation center—described their Center and its practices. "When a family is referred to the RKIDS Visitation Center, I spend a significant amount of time in person and/or on the phone with the DCFS worker trying to understand the dynamics of the case." Ms. Gobbard poses a series of questions that when answered, serve as the foundation for the clinical work of the center:

- ★ Where is the case in the permanency timeframe? Legal Process?
- ★ Are there any extended family members that have been involved or helpful?
- ★ How many placements has the child had to date?
- ★ What has been the role played by the foster family from the worker's perspective?
- ★ Is the foster family expecting to adopt this child if the child becomes free for adoption?
- ★ Has the DCFS worker had the conversation with the foster family about the possibilities of adoption?

In turn, Ms. Gobbard has an in-depth conversation with the foster family, seeking to understand their perception of the case, their role to date, their attitude about the child and the birth family, their willingness to work with the birth family, and how they view their interaction with the visitation center. "These conversations allow us to better understand if the foster family will be a support or a potential hindrance to the reunification process, their commitment to the child, and their understanding of where this case is headed."

Next, RKIDS schedules a meeting between the visitation center staff, DCFS social worker and the birth Mom. This meeting is used to plan for the visitation and to gain clarity from the social worker regarding what the birth Mom has to do to regain custody of her children. "It is critical to make it very clear what everyone expects of the birth Mom. In well over 95% of the families we serve, when we ask the birth Mom what needs to happen for her children to return home, she cannot clearly explain the behaviors or activities required."

RKIDS has also established support groups for the birth families. These groups are incredibly powerful—with

women supporting one another emotionally, giving each other rides to the center, and firmly confronting one another during the group sessions. To date over 90% of the families are visiting consistently.

ARIZONA: A COMMUNITY RESPITE NETWORK

The need for quality, consistent respite care continually plagues the child welfare system. But in most communities, such care is a patchwork of formal and informal arrangements that may consist of in-home babysitting by a volunteer or trained service provider, drop-in visits to a day care or therapeutic child development center, short-term stays in a residential facility, child enrollment in a camp or recreational program, or foster parents providing respite for one another.³ According to Susan Abagnale of Casey Family Services in Tucson Arizona "The need is so great. We completed many surveys of nearly every population and in every one of these surveys respite is at the top of list of caregiver identified needs. They tell us that it is "respite that makes the difference", "respite is what has made it possible for us to continue".

In Tucson Arizona a group of 15 respite care providers attempted to raise the bar on the availability, quality and visibility of respite care. Each runs a program that serves a particular population, and services are dependent on whatever regulations and policies may be required by its funding source(s). Approximately two years ago this group came together and started to identify barriers and try to assess if there was any commitment to improve the entire system of care. It turned out that there was tremendous commitment and energy. The agencies have taken particular care to identify both practice and policy challenges that they face in developing a program that will effectively meet the needs of their community. The issues this group continues to tackle include:

- ★ Funding;
- ★ Building a sufficient quality pool of providers;
- ★ Sharing information, providers, or resources;
- ★ Meeting the needs of diverse client populations;
- ★ Requiring different skill requirements of providers depending on the clients served;
- ★ Resolving insurance liability issues (such as child safety, loss and damage, provider protection, and agency protection);
- ★ Overcoming family reluctance to use respite services; building a confidence in the respite pool;
- ★ Setting standards for quality respite training —thus allowing for the interchange of training resource between providers.

According to Ms. Abagnale "We have had tangible results ...with little to no money." We identified cross training opportunities so that a respite provider of an elderly individual could serve as a respite provider for a child with a disability—and the parents could proceed with confidence and a good reference. We have found families who wanted to be respite care providers...and because our training was two months away, we were able to send the family to another provider who had a training in the next week...knowing that the quality of the training was the same as ours. This meant that a family under stress had a respite option much earlier than they might have..."

The Community Respite Care Network is seeking to raise the bar on the quality of respite throughout the entire community. They are working on a standard of excellence that can serve as the foundation for all respite care providers. It is a significant challenge for families to recruit, interview and recognize the skill set required to be good respite caregivers. This is a vulnerable situation for families. If their child has been through trauma such as abuse or neglect situation — it is all the more fear-provoking. If there are health issues — these require special skills sets. "We want to help alleviate the stress of these choices and to enable families to have tested options...thus minimizing the number of child placement disruptions." ⁴

CALIFORNIA:

KINSHIP CAREGIVERS SUPPORT

California's Kinship Support Services Program (KSSP) provides community-based family support services to relative caregivers and the dependent children placed in their homes by the juvenile court and to those who are at risk of dependency or delinquency. The KSSP also provides post-permanency services to relative caregivers who have become the legal guardian or adoptive parent of formerly dependent children.

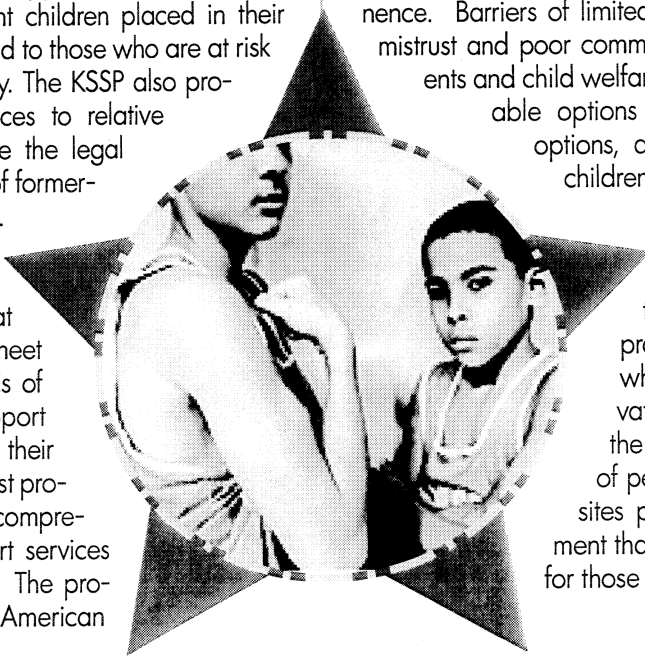
California's KSSPKinship Support Services Program is a public private partnership that began over 12 years ago to meet the growing and unmet needs of grandmothers attending support groups who were caring for their grandchildren. This was the first program in the nation to provide comprehensive, private-sector support services to relative caregiver families. The program hired elderly African American

and Latino grandparents from the communities where the caregivers lived. The success of this "paraprofessional" model has been overwhelming and serves as the foundation of the program. With training and supervision these paraprofessional community workers effectively link, monitor and provide advice to caregivers, assuming the role of the second and third generations in the informal extended family support group system. A full time community worker carries a caseload of 20 families. They have direct contact with caregivers, visit their home at least monthly and make at least weekly phone calls. They accompany caregivers to school meetings, doctors' appointments, provide transportation for purchasing groceries or other tasks, and generally give support in times of need. Today for kin caregivers the program provides an array of services including but in not limited to:

- ★ Respite and Recreation
- ★ Emergency Response
- ★ One-On-One Peer Mentoring
- ★ Parenting Education
- ★ Advocacy
- ★ Health Care Services and Referrals
- ★ Summer Camping Programs for Youth
- ★ Computer Lab
- ★ Housing, Clothing and Basic Needs Assistance,
- ★ Long Term Planning for Children

CONCLUSION

Children need permanent caring relationships with adults who love them. The challenge of the public child welfare systems is to find innovative ways to achieve this permanence. Barriers of limited flexibility in funding streams, mistrust and poor communication between foster parents and child welfare social workers, lack of available options for children, lack of respite options, and the increasing number of children with significant emotional and behavioral health issues make achieving permanence a daunting challenge. Yet there have been states and providers throughout the country who have found ways to be innovative and creative, and change the patterns of instability and lack of permanence for children. These sites provide hope and encouragement that as a system we can do better for those children and families we serve.



- ★ Make permanence a high priority! ★
- ★ Provide data to staff regularly to let them know the results of their efforts—celebrate improvements in permanency outcomes. ★
- ★ Find one way—just one way—to improve the communication and relationships between foster families and social workers—this relationship is key to improved placement stability! ★
- ★ Change the conversation about the purpose of foster care – ensure that all foster families understand Concurrent Planning—and their role in reunification. ★
- ★ Change the focus of the assessment— safety and risk are just the first steps—what do children and families really need to stay together safely. ★
 - ★ Train staff on how to conduct good family centered assessments that inform foster care placement. ★
 - ★ Provide respite—just do it! ★
- ★ Modify contract language, and train providers on the importance of permanence—they must be part of the solution. ★
 - ★ Search for relatives—as if they were your own... and then support them in the task of caring for their kin. ★
- ★ Honestly evaluate how the role of paraprofessionals can assist this process! ★

This entire report can be found on our website at:
www.hunter.cuny.edu/socwork/nrcfcpp

¹ Lieberman, AF, Zeanah, CH.
 Disorders of attachment in infancy.
 Infant Psychiatry. 1995.

² Werner EE, Smith, RS.
 Vulnerable but Invincible:
 A longitudinal Study of Resilient Children
 and Youth. New York, NY
 Adams, Bannister, Cox. 1982.

³ CWLA Children's Voice
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⁴ Personal communication
 with Susan Abagnale.
 (February 2003).

Semi-Annual Reception and Lecture

On April 30th, our reception and lecture series focused on strengths based perspectives in working with children, youth and families. The featured speakers were Dennis Saleeb, professor of Social Welfare at the School of Social Welfare, University of Kansas and the 2002-2003 Lucy and Henry Moses professor here at the Hunter School of Social Work and Jane Nestel-Patt, President and CEO of SPIN USA.

Professor Saleeb is known for his work on using the strengths-based approach to social work practice. His presentation addressed developing a fuller biopsychosocial understanding of mental health and serious mental health disorders and the appropriate tools for assessment and help, strategies and theories for building community in economically and socially distressed areas and correcting the deficit or problem-based approach to social work practice to include inherent resilience, capacity, strength of individual and families and the communities they live in.

SPIN video home training was developed in the Netherlands over 20 years ago as a strategy to improve the quality of parent-child and caregiver-child relationships and maximize the healthy social, emotional, and cognitive development of children. The audience viewed a short video on how SPIN empowers parents to improve their day-to-day interactions with their children. Ms. Nestel-Patt helped the audience appreciate how these interactions are the key to the healthy social, emotional, and cognitive development of their children.

Roosevelt House Public Policy Forum

Hunter College acquired the former homes of Franklin, Eleanor, and Sara Roosevelt at 47-49 East 65th Street in 1942. The double townhouse was used for student and college activities until 1992 when it was closed in need of renovation. Under the leadership of Hunter College President Jennifer J. Raab, planning has begun to modernize the building for the Roosevelt House Public Policy Center. The Center will support projects that reflect the ideals, programs, and

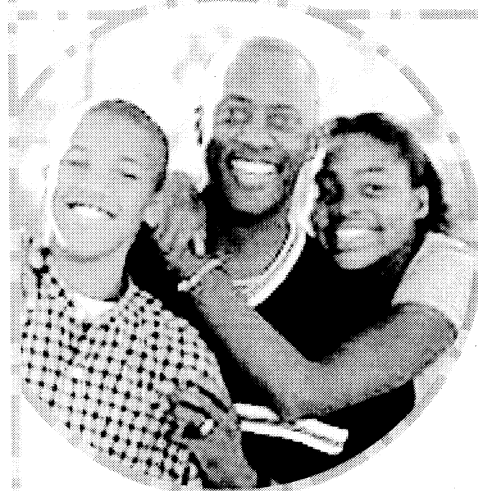
achievements of Franklin and Eleanor Roosevelt. These include efforts to promote social and economic justice, advance the cause of human rights, and support innovative government initiatives. Until construction is completed, Roosevelt House Public Policy Forums will be hosted by various divisions of Hunter College. Roosevelt House is a New York City Landmark and is listed on the National Register of Historic Places.

On October 1st **Peggy McIntosh** was the guest lecturer at the Roosevelt House Public Policy Forum sponsored by the President of Hunter College Jennifer Raab. The lecture, held at the Hunter College School of Social Work was preceded by a reception. Dr. McIntosh, Associate Director, Wellesley College Center for Research for Women, presented on Unpacking the Invisible Knapsack: Power and Privilege in Designing Public Policy. The audience of students, faculty and staff, policy and child welfare professionals was challenged to use the information shared on advantage—whether it be race or sex to reconstruct power systems on a broader base.



Foster Families WORKING WITH Birth Families TO HELP MOVE CHILDREN TO TIMELY Permanency

by **Jane Elmore**



*What is the goal of
foster families working
with birth families?*

Permanency for the children as soon as possible. Working cooperatively with birth families can speed the process of permanency, not just for reunification, but for adoption as well. When foster families and birth families are working with the caseworker as part of a team to do what is best for the children, they have a common goal. The foster family is helping the birth family to be reunited with their children. If the birth family believes that everyone is helping them, but they can't be reunited with their children, it becomes easier for them to participate in making other permanency plans. Ideally, birth parents will be able to participate in developing a permanency plan for their child that includes surrendering their children for adoption, rather than going to court to terminate the parental rights.

*The adults manage
the relationships.*

When the foster parents, birth parents, and caseworker don't work together, the child ends up in the middle "managing the relationships" between the adults. Think about the child who knows

his birth parents and foster parents dislike each other, and maybe the caseworker doesn't like either one of them. The child must monitor what he says to any of them about any of the rest of them! What an untenable position to place any child in, but especially a child that has all the problems already forced on him by virtue of being a part of the child welfare system.

If the adults work together with a strong sense of purpose to do what is best for the child - the child sees this, and he doesn't have the pressure of trying to manage the adults. The adults are in charge and they manage the relationships with the child, the foster family, the birth family, and the caseworker. Everyone wins, especially the child.

*Is this approach for
ALL foster families
& birth families?*

A decision must be made if this approach is to be used with every family whose children come into care, or if it will only be used with families that are open to the approach and can make good use of the added time and expertise of the foster parents.

A similar decision needs to take place regarding foster parents. Will all foster

parents be required to work extensively with birth parents? What about foster parents who just want to adopt? Will foster parents who provide these extra supports be compensated for their time, as opposed to just being reimbursed for expenses? Will foster parents participating in this program be considered "professional foster parents," and be given special recognition, etc?

*What does foster families
working with birth families
mean?*

Denise Goodman talks about "Bridging the Gap." (See bibliography for contact information.) She has created a chart that demonstrates a continuum of behaviors. It can include indirect contact such as sending the child's report card with her and providing snacks on visits, to the birth family and foster family joining together to celebrate birthdays and holidays with the child. It can be a whole range of little things and big things that will change over time as the relationship develops. Sometimes foster parents even become advocates for the birth family.

What may be most heartwarming for the foster parents who do this work is the appreciation of the children in their care.

When the foster parents go out of their way to be nice to their birth parents it means a lot to the child. Brenda Weber, a foster parent from Minnesota, who works with the National Resource Center for Special Needs Adoption, talks about one little boy she fostered thanking her "for being nice to my mom".

The ultimate example of foster parents working with the birth parents is what is called "Shared Family Care." It is when the birth family actually moves in with the foster family. The foster family mentors the birth family on everything from parenting to budgeting to meal preparation to apartment hunting to any number of other things. The birth family maintains responsibility for their children. Typically the birth family lives with the foster family for 3 to 6 months and the foster family continues to mentor the family after they move out and are living on their own. Birth families, foster families, and the caseworker working as a team is hard work for everyone.

The foster family may feel frightened, anxious and judgmental. The birth family may feel suspicious and resentful. The staff may feel threatened and fear they will lose "control" of the case.

How do we move all of these negative feelings to a positive, working relationship? How do we get birth parents, foster families, and the caseworker to focus on what is best for the child?



Keys to Success

MUTUAL RESPECT
from everyone to everyone.

KNOWLEDGEABLE & EXPERIENCED
caseworker.

OPEN DECISION MAKING.
Both birth parents and foster parents
stressed that there should be no
"premeetings where the real
decisions are made."

FOSTER PARENTS
are REALLY part of the team and all
information is shared with them.

BIRTH FAMILIES
do not feel judged.

PROGRAMS ARE
INTENSE AND SHORT TERM,
generally 6 months or less.

NEEDED SERVICES
are in place.

Training Can Make It Happen!

What kind of training? The amount and kind of training to be developed depends on how intensively you want the families to work together, and current practice.

Derith McGann, Director of Foster and Adoption Services for Connecticut, who has been recognized for her work with foster families says "agencies need to decide if foster parents are really part of the team, or are they just contracted providers who should do as we say." For many states, having foster parents work with birth parents in a significant way will be a major transition for staff and foster parents. This needs to be respected and addressed.

The approach of foster parents working with birth parents should be integrated into both the initial and ongoing foster parent training, and the initial and ongoing staff and supervisor training. If necessary, develop specialized training for

already licensed foster parents and experienced staff. Train staff and foster parents together when possible.

Use foster parents, birth parents, and staff who have done this work successfully to assist with the training. Have them talk about how they came to be able to do this work and the value of it. Also ask those who have made mistakes and have learned from those mistakes to talk about their mistakes and what they could have done differently.

Have staff who have done this work successfully available to counsel and mentor other staff new to this approach. It is important for caseworkers to be comfortable and supportive of the relationships between foster parents and birth parents as they develop. They must be able to provide assistance when there are the inevitable rough patches along the way.

Ensure everyone understands that the goal is to move children to permanency more quickly; not just reunification, but adoption as well. Stress the positive impact on the child of everyone working together.

Training Should Include:

- ♦ Why children come into care. Include actual data from the agency as well as a discussion about the causal factors of children being abused and neglected. This will lead to the other discussion points below.
- ♦ Developing empathy with the life situations that brought birth parents to the point that they have abused and neglected their children. This includes everything from the birth parents own experiences of being parented, to the role played by addictions and mental illness..
- ♦ How domestic violence is related to child abuse. Participants need to understand why women stay in violent relationships, and why they go back after they leave.

- ♦ Understanding alcohol and other drug abuse, including how to spot active drug use, and its impact on a parent's ability to parent. Also include prenatal drug abuse and its effect on the infant and developing child.
- ♦ Recognizing and appreciating the impact of mental health issues, as well as the importance of treatment and medication, and the role of heredity.
- ♦ The role of other professionals. This includes the children's and parent's therapists, the addictions treatment staff, the domestic violence staff, teachers, and others. Foster parents and staff need to understand how to best make use of the expertise of these other professionals as they work with the birth parents.
- ♦ Learning how to be non-judgmental. Both staff and foster parents need to be able to be supportive of birth parents.
- ♦ Explaining mentoring and how to do it in a way that will allow the birth parents to maintain their dignity.
- ♦ Understanding the birth parents' mixed feelings about having their children returned home. Talk about the role foster parents can play if the children are returned home, and how they can continue to mentor the birth parents.
- ♦ How to work together as a team. Determine the rules for communication, including what will be communicated. Thrash out what authority each team member has. Discuss how the team will learn to trust each other. Determine how problems and disagreements will be resolved.

Foster parents and staff must receive training if they are to do quality work with birth families and each other.

The First Meeting between Foster Parents, Birth Parents & Staff

This meeting is important. It is the first step in the development of these relationships. Both the Oregon Dept of Human Services and the Michigan Family Independence Agency have created excellent materials to guide their staff, foster parents and birth parents through these meetings and beyond. (See bibliography for contact information.)

Hold the first meeting within a week of the child(ren) coming into care. Attendees include the birth parents, foster parents, and the caseworker. Including the child or children depends on their age and maturity, the issues that brought them into care, if they want to come, and the feelings of the rest of the invitees about them coming.

Make sure the time and location of the meeting works for everyone. The first sign of mutual respect is for the caseworker to set a time that is convenient for EVERYONE, not just the caseworker. This may mean an evening or a weekend meeting. It may mean the caseworker drives the farthest to the meeting. Frequently these first meetings are held in the office, which is fine if that is seen as a neutral location. The office may be very intimidating to the birth parents. Asking for their suggestions as to where to meet is a great way to show respect for them. Address everyone's transportation needs.

Set a time limit for the meetings of no longer than 30 minutes. A time limit keeps everyone focused and the anxiety down.

Develop an agenda and review it with each participant and review their role in the meeting. Stress that the meeting is to focus on how all of them, the foster parent, birth parent, and caseworker can work together to best meet the needs of the child.

Martha Proulx, Program Specialist for the Maine Bureau of Child and Family

Services, and President of the National Association of State Foster Care Managers stresses the importance of working with birth parents so that they clearly understand what is expected of them in working with the agency and foster parents. They must understand the roles of everyone and the appropriate boundaries. For example, that it is not appropriate to ask the foster parents for money, or to not follow the rules set by the agency regarding visits, etc.

Agenda for the Meeting:

The same general agenda will be used each time there is a "first meeting" between the foster parents, birth parents, and caseworker. The agenda needs to be very focused and child centered.

- ♦ Caseworker welcomes everyone and thanks them for coming. The rules of confidentiality are reviewed. Ground rules are discussed, such as treating everyone with respect, being honest, and that all decisions will be made openly.
- ♦ Caseworker invites the birth parents to talk about their children. This gives the birth parents the opportunity to share information with the foster family, such as the child's food likes and dislikes, bedtimes, favorite toys, etc.



- ◆ Foster parents can ask questions, and share information about their family.
- ◆ Close the meeting by insuring that immediate and practical matters such as visits with the parents, doctors' appointments, and counseling sessions are clarified.

You Are On Your Way!

Foster parents working with birth parents can be a positive experience for everyone, and is the most beneficial situation for the child. It will allow the child to move to permanency more quickly. It puts the adults, not the child, in the position of managing the relationships among the adults, and allows everyone to focus on meeting the best interests of the child.

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"Icebreaker" brochure and associated materials. Oregon Dept. of Human Services. Carolyn Krohn at carolyn.krohn@state.or.us

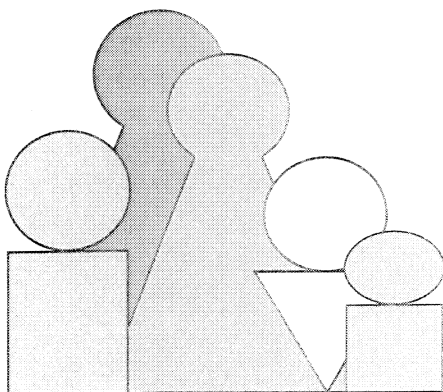
"F.O.C.U.S. Meeting Training Agenda". Dawn Walker, Michigan Family Independence Agency at walker4@michigan.gov

"Tips on Promoting Birth Parent - Foster Parent Teams" from New York State Citizen's Coalition for Children, Inc. at www.nyscc.org/linkfamily/Realities/caseworkertip.htm

"Bridging the Gap Between Resource Families and Birth Families" by Denise Goodman at DAGPhD@aol.com

Dougherty, S. (2001) "Foster Parents as Mentor to Birth Parents," Toolbox No. 2, Expanding the Role of Foster Parents in Achieving Permanency. Washington, DC. Child Welfare League of America. Reprinted by special permission of the CWLA. <http://www.cwla.org>

"Shared Family Care" from The National Resource Center for Abandoned Infants Resource Center at <http://cia.berkeley.edu/projects/sfc/htm>



TOP 10 Reasons to Adopt a Teenager

1. No diapers to change.
2. We sleep through the night.
3. We will be ready to move out sooner ... but we can still visit.
4. You don't just get a child, you get a friend.
5. We will keep you up to date with the latest fashions.
6. No more carpools - we can drive you places.
7. No bottles, formula or burp rags required.
8. We can help out around the house.
9. We can learn from you.
10. We will teach you how to run your computer!

Concept developed by the
Oklahoma Youth Advisory Board, 2000

LIGHTING THE FIRE OF URGENCY:

Families Lost & Found in America's Child Welfare System

by **Kevin A. Campbell, Sherry Castro, Nicole Houston, Don Koenig,
Terry Roberts, John Rose, MD & Mary Stone Smith**

Catholic Community Services of Western Washington set out to learn what it would take for children and youth with complex needs living in the foster care and children's mental health systems to have connections with those who cared most about them: parents, relatives, and others that loved them. The children and youth initially targeted by this effort were those who were living in foster or group care or at imminent risk of psychiatric hospitalization in Pierce County, Washington.

A KEY QUESTION

What sort of framework and technologies would be necessary to overcome the systemic barriers that block the ability for children and adolescents living in out-of-home care to maintain or re-establish contact and relationships with those that love them?

THE STRATEGY

Look inside and outside of child welfare and children's mental health service traditions for examples of extraordinary frameworks that could improve safety, well-being, and permanency outcomes for children in out-of-home care.

SOME EXTRAORDINARY FRAMEWORKS

The International Red Cross

"Armed conflict and natural disaster leave millions of people around the globe in urgent need of humanitarian assistance every year. Adding to the physical losses, the confusion and chaos surrounding war and natural disaster often separates families just when they need each other most. Tragically, when families and loved ones are separated by war or disaster, their suffering is greater. But, through the strength of the Red Cross Movement and the work of trained volunteers at national societies around the world, including the American Red Cross, families reconnect." (Source: International Red Cross)

Imagine you are sent to the border of a country experiencing war, famine or disaster. One hundred and fifty thousand men, women and children of all ages are headed for the border to seek safety, food, water, shelter and medical care. You and your team have three days and nights to prepare the necessary provisions for these life-sustaining needs, or watch an even greater calamity unfold before you. A completely overwhelming experience, yet every year in places around the world the International Red Cross responds to just such situations as do many other government and non government organizations.

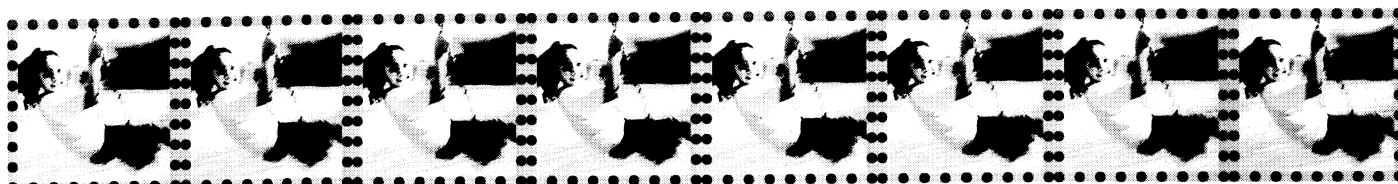
There is no choice; it simply must be done. Because of this imperative, people just like you and me have developed frameworks, strategies, and tools to make it possible. Even more remarkable, given the scale and speed of the response, the Red Cross gives equal priority to providing personnel and equipment to interview those affected and store information about their relatives. This is done to help family members reconnect as soon as possible after the tragedy. The driving force is the understanding that the family's best chance for recovery lies with one another, in a situation where civil government may have limited ability to help.

The Church of Jesus Christ of Latter Day Saints

Family ancestry is an important part of individual, family and spiritual life. Through the use of the church's extensive databases, search procedures and a world wide network of Family Resource Centers members of the church and others can work to extensively identify and document their family ancestry.

Through personal communication with church members, including members of the Ogden, Utah Department of Children and Family Services it is estimated that the average American has conservatively between 100-300 living relatives.

Several of those interviewed spoke of family gatherings in Ogden that filled small soccer stadiums.





The American Family

According to the US Census Bureau 2000 Census,
Of 71 Million Children in the US:
98% Grow up with Family
2% Foster Care Institutions

"In 1999, 2.3 million children, or 90 percent of children not living with their parents, lived with relatives, according to the 1999 National Survey of America's Families (NSAF). The vast majority (1.8 million) of these placements were private, without child welfare involvement. Data from the Adoption and Foster Care Analysis Reporting System (AFCARS) from 49 states (including the District of Columbia and Puerto Rico) that were able to provide data, show that in 1999 kin were caring for 151,864 children in foster care, 26 percent of all foster care children (US DHHS 2001b)." (The Continuing Evolution of State Kinship Care Policies Author(s): Amy Jantz, Rob Geen, Roseana Bess, Cynthia Andrews, Victoria Russell)

LESSONS FROM THE FRAMEWORKS REVIEWED

- It is possible to respond to the immediate crisis while preserving and expanding on information and connections that will enable the restoration of self-sufficiency.
- Barriers of time and distance can be overcome with a flexible and scalable organizational design.
- Government interventions are temporary, limited in scope and are not intended to supplant the individual or family's ability to care for themselves.
- The typical American child living in out-of-home care has 100 to 300 living relatives.
- Technologies exist to extensively identify and document the relatives of children living in out of home care.
- The early identification of relatives, including non-custodial fathers and their extended family is possible.
- Relatives and others close to the family are willing to care for children when parents cannot.
- Families provide the most normative environment for child rearing in the United States.

HUNDREDS OF CHILDREN LATER

The children and adolescents Catholic Community Services of Western Washington served with these additions to our framework did indeed have parents, relatives, and others who loved them and were willing to get involved. Of 1000 searches for family members, we were only unable to locate the parent(s) and relatives for one.

The most effective strategy for locating parents and relatives was face to face interviews and child welfare record reviews. The average record reviewed contained information on 3 to 5 adult relatives.

Most records contained specific information only about those identified as having party status in the dependency matter. Records reflected social work practice heavily influenced by court proceedings and timeframes.

Upon contacting relatives most wanted to offer assistance of some kind. Many were willing to consider caring for the child or children, even when they had complex needs, if support and services were offered. The relatives located lived locally, in other states, and even abroad.

WHY HAD THE FAMILY NOT COME FORWARD BEFORE?

In many situations the children had been lost due to broken family connections, multiple placements in foster care, or multiple family moves. Some of the families feared system involvement or felt powerless to advocate for their children. In many instances family members did not know the children were in foster care or simply could not find their lost children.

FINDING FAMILY AND RELATIVES

The initial phase of searching for relatives is simply for gathering information, not for finding placement. All possible family information should be obtained to maximize the number of possible connections, and provide the opportunity for concurrent planning. Information comes from a variety of sources: case files, relatives, social workers, and the child. During the search process it is important to consider all information as possibly relevant and without judgment. (Avoid assumptions based on very old or inaccurate historical data.) Parents, relatives and others are considered important sources of infor-

mation during the search phase. Limiting interviews by premature considerations of placement resources can result in unsatisfactory search results.

Private agency personnel should inform key decision-makers as information comes forward. Initially information must be collected in a way that minimizes expectations about reunification.

The use of computer databases can be very helpful in some situations. However less than 10% of successful searches required the use of Internet searches.

WHY FAMILY?

Children who are away from family are less likely to have a safe and stable place to live (50% percent of children placed have multiple placements (National Center for Policy Analysis, 2001).

Children and the systems who care for them simply cannot afford the costs and consequences of being raised in a system designed for temporary safeguarding, especially when they have a fit and willing relative who could love and care for them.

The children's mental health system cannot treat the absence of committed loving adults in the life of a child with medication or therapy. Treatment to stabilize behavior of children without the involvement of parents, relatives or others that love the children are not proven to be effective.

Children gain permanence, identity, and a true belief that they belong to a family. Belonging includes culture, traditions, languages, ancestry, stories, similar appearance and spiritual practices.

Many children who previously had no connection to their tribe were actually able to be enrolled and develop strong tribal connections and supports.

Once children know who they are and who cares about them we see improvement in behavior, ultimately increasing safety and stabilizing placement.

The search for, location of, and engagement of relatives is a basic social work practice that must be prioritized and acted on with a sense of urgency for every child entering systems that place children away from their families.

Reasonable efforts to provide services to the family must include a completed search that identifies and locates each available adult relative, their response to being contacted and what services they may need to provide a safe, loving and permanent connection or home for their family's lost child. A completed search also includes locating every sibling of the child, and supporting family connections for all.

EXPANDING OUR VISION

Who is Family?

Families are larger, healthier and more connected than we previously thought. Children and adolescents also often meet and connect with others, during their journey through the out-of-home care system, who love them and will get involved if invited, supported, and included.

Time & Distance

In a sample of 120 children who received family search services from Catholic Community Service of Western Washington the average completed search required 39 staff hours:

Searches ranged from one hour to 400 hours

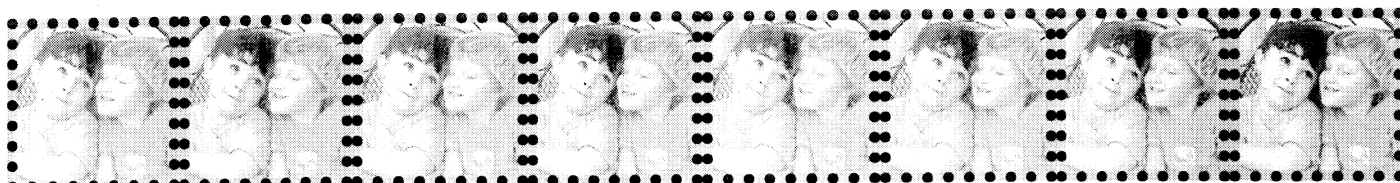
91% of searches were completed within Washington State
9% required travel within the United States and its territories

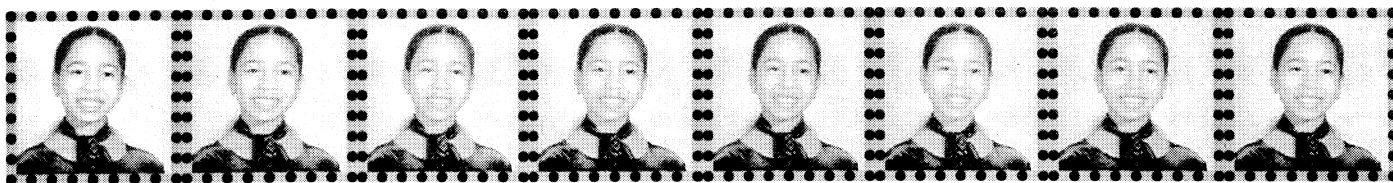
No Child is Too Sick to Have a Family

Children and adolescents have a fundamental need for love and acceptance. Treatment and support for developmental disabilities, mental illness, and severe behavior challenges must be done in the context of loving and committed relationships. Every child has a family, and every child has strengths. No child should grow up in the out-of-home care system without loving connections.

CAN THIS HAPPEN ELSEWHERE?

Catholic Community Services of Western Washington and EMQ Children and Family Services worked together beginning in January 2003, to target 30 youth living in residential placements in Sacramento County for family search. All 30 youth exited residential care by June 30th, 2003. This was reported at the Permanency Convening II hosted by the Stuart Foundation in San Francisco, CA April 2003.





Catholic Community Services and EMQ began a partnership to provide searches for 27 youth in residential care in Santa Clara County, California. More than 220 relatives were located for eight of the youth in nine hours of work.

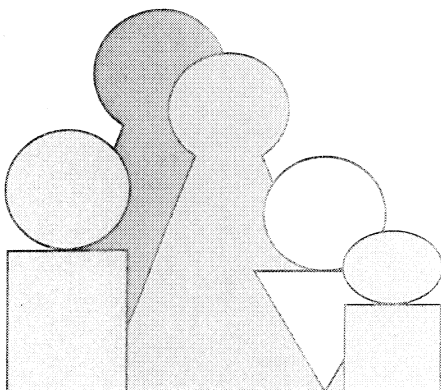
We cannot continue to fail to see clearly that a loving family connection is the primary need of every child in out-of-home care. Too often we excuse our failure by saying "these children are resilient, they will be okay, at least we kept them safe..."

In the meantime tens of thousands of children and adolescents living in out-of-home care have family members gathering at reunions every year somewhere in the United States wondering what happened to their lost children.

We must redefine reasonable efforts and basic social work practice to include the extensive search and engagement of relatives.

Remember the Red Cross example, "there are 150,000 refugees coming to the border, they will be here in three days... people just like you and me will respond, there is no choice it simply must be done." There are more than 550,000 children in the out-of-home care system in the United States, too many living without lifelong loving connections. Responsibility comes with knowledge, there is a family and they can be found. Now we must work from the first day of placement with a determined sense of urgency and purpose to find and engage the family. There is no choice it simply must be done.

We must work with a sense of urgency, from the first day to find and engage those that care most, parents, relatives and others that love them.



10 WAYS YOU CAN SUPPORT YOUTH IN FOSTER CARE

Youth go into foster care, often temporarily, because they cannot live with their birth parents. On any given day in America, over 550,000 children and youth are in foster care. Over 130,000 cannot return to their birth parents and are waiting to be adopted. What Can You Do? There are many ways for each of us to make a difference in a young person's life. Often we simply need to know how to get involved.

1. Be a Foster Parent
2. Be an Adoptive Parent
3. Be a Volunteer Advocate for Children and Youth in Court
4. Be a Mentor
5. Support Foster Youth in College and Vocational School
6. Provide Employment and Training Opportunities
7. Be an Advocate for Change
8. Learn More About Foster Care and Adoption
9. Get Involved With Foster Care in Your Local Community
10. Contribute Financially

Created by
<http://www.casey.org/fostercareinfo/index.htm>

PERMANENCY HEARINGS: Strategies to Achieve Permanence

by **Mimi Laver**

Permanency hearings should be a pivotal time in a case. By the end of a permanency hearing, the judge and all the parties should know what the child's permanency goal is, and more importantly, exactly how it will be achieved. Ideally, in the months leading up to the hearing, the agency has been front loading services for the child and family and using concurrent planning to assist in making meaningful permanency planning decisions. Hopefully, all of the attorneys in the case were engaged with their clients from the beginning of the case to help ensure positive results for the child.

Most of us don't live in an ideal world, though, and so for many children in foster care, permanency hearings are not meaningful and permanency goals are not achieved in a timely manner. In many places, judges and lawyers are not taking an active role in children's cases and as a result, children are still lingering in foster care. But help is on its way...

The National Resource Centers on Legal and Judicial Issues, Foster Care and Permanency Planning and Youth Development are teaming up to provide a full day training for judges, lawyers, and other members of the child welfare community called Best Practices to Implement ASFA: Creative Strategies to Achieve Permanence.

The day begins with a local foster youth discussing his or her experience in care and impressions of the legal system. This part of the program sets the tone for the day and reminds everyone in the room of the impor-

tance of improving practice. During the rest of the morning, participants will hear short lectures from local and national experts on: "Nuts and Bolts of ASFA"; "ASFA From a Medical Perspective"; "Understanding and Using Concurrent Planning to Achieve Permanency for Children"; "ASFA From a Drug Treatment Perspective"; and "Meeting the Challenge of Achieving Permanence for Teens". These talks address many of the challenges ASFA poses in achieving timely permanence for children while serving families fairly. Some time is left during each session for questions and discussion about the participants' role in implementing reform locally. The number of participants for the training is limited to encourage questions and extensive interaction.



The afternoon segment of the program is more interactive and lively. Participants are provided, in advance, with a fictitious case scenario. At the training, participants are broken into teams of lawyers that represent all the parties in the case. The teams are given the chance to question parties and stakeholders in the case (role played by members of the community) to prepare for a permanency hearing. They then prepare as a team and present their arguments to a judge who rules for each child in the case. The exercise is a fun way to analyze how permanency hearings are conducted at the time of the program and how they could be made better. The day ends with a facilitated discussion about the exercise and concrete steps that can be taken to improve practice.

Lawyers and judges in your state may not know a lot about substance abuse treatment, concurrent planning, or the medical treatment a child in foster care needs, but they do know that they want to help children and families. This program provides concrete information in a format that judges and lawyers can use and allows them the chance to apply the information to a case that resembles the ones they handle every day. Achieving timely permanence for children in foster care is everyone's goal and this is one tool to make the goal a reality.

If you are interested in this training please call Mimi Laver at the ABA Center on Children and the Law at 202-662-1736.

Non-Traditional Recruitment for Teens and Pre-Teens

Reprinted From from Adoptalk, Newsletter of North American Council of Adoptable Children, Fall, 1996

by **Pat O'Brien**

Executive Director, You Gotta Believe! The Older Child Adoption & Permanency Movement, Inc.

The Older Child Adoption & Permanency Movement, Inc., uses various methods to find permanent homes for New York's waiting teens and pre-teens. We would like to offer the following approaches to any programs that, like us, are not fully established in the community they serve and cannot rely solely on word-of-mouth referrals.

The "Field of Dreams" One-to-One Approach

Recent research documented what we've known all along: most people will adopt older children based on personal contact with an agency staff member or adoptive parent. The "one-to-one personal contact" approach is based on the belief that if we offer a parent preparation course (ours is called A-OK), people will come — if we reach out to them in an "up close and personal" way. The following strategies have worked well for us in communities where we offered our A-OK course. Each strategy involves staff providing services to people while talking with them about our program.

The Supermarket Grassroots Approach

One of the best ways to meet people in a community is to bag groceries at the local supermarket for the four Saturdays before your course. This provides many opportunities for our staff to share information about A-OK.

The Parking Angel Approach

We have YGB staff and volunteers stroll the main business avenues, putting quarters in expired meters. We leave a piece of paper that explains the Parking Angel, asks for a donation, and describes our program and the A-OK course. While the parking angels patrol, they talk to anyone who's willing to listen.

The Doorknob Campaign

We walk doorknob to doorknob, distributing flyers about our program. While we do this, we meet many community residents and discuss with them teens and pre-teens who need permanent families.

The "A Family is NOWHERE" Approach

"A Family is No Where" or "A Family is Now Here." It's our choice. What is in the individual recruiter's mind is really the only thing that matters. Once a recruiter decides a family is "now here," that family can usually be found in the life cycle

of the child. All children in foster care have people who serve as their resources. Consider the list for a child in a group home: social worker, therapist, volunteers, maintenance staff, teachers, relatives, and more. There could be a dozen people who may be approached to offer a home to the child. As recruiters, we must approach these people or add new people to the child's life cycle.

Approaching Adults Who Are Part of the Child's Life Cycle

If given agency permission, our staff will work with the child to identify a prospective family. We approach this family with the utmost sensitivity. Were we simply to ask, "Would you adopt Johnny?", the answer would invariably be "No." But the person may be willing to come to our course if we explain Johnny's need for a permanent family, as well the financial subsidies available for adoption, the process of pre-adoption education, and the availability of post-placement support. We have found that half of the people who attend A-OK make the decision to bring the child permanently into their home. If the first person we approach doesn't do that, we'll move on to the second and third.

Certifying Prospective Adoptive Parents As Mentors to Children

If agency workers will not help us identify life cycle members, we create additional resources for the child. We ask individuals who have taken A-OK and are certified to adopt a child to be mentors and volunteers in treatment centers and group homes. They have a chance to know the child before the "A" word is ever mentioned. The situation is safe and personal and gets results.

"Let the Spirit Move 'Em" Approach

It is crucially important to set up opportunities that get waiting children in the same time and space as waiting families. It is equally crucial to set up opportunities to get agency staff in the same time and space as potential adoptive families. The spirit of human beings sharing the same time and space can lead to magical things happening.

Events Where Waiting Children and Families Meet

There are a variety of events that help waiting children and waiting families meet each other. We've tried annual holiday

parties, fashion shows, poetry festivals, talent shows, and softball games. Many of our events have led to placements.

Events for Staff to Share Time with Prospective Adoptive Parents

We recommend working at adoption fairs, conferences, and parent group meetings. At adoption fairs, you can help families learn about children in need of homes. Conferences put you in one-to-one contact with people who might want to adopt. Finally, adoptive and foster parent support groups are usually pleased to hear from agency personnel and will

give you greater than your fair share of attention. These groups can be a great source of referrals.

In addition to these innovative ideas, we use the media, the yellow pages, and other traditional sources to find interested families. Most importantly, we ensure that everyone on staff views what they do as potential recruitment. This includes answering the phone (please have a human voice), interacting with postal carriers, and greeting people. Everyone must believe that they can find families for waiting teens and pre-teens.

PUBLICATIONS Fall 2003

NCSL State Legislative Report, Analysis of State Actions on Important Issues: Supporting and Retaining Foster Parents

April 2002 by Steve Christian
www.ncsl.org/programs/cyf

Foster parents are a valuable but often neglected resource, both for child welfare agencies and the children they serve, however most states are experiencing a serious shortage of qualified foster parents. Between 1984 and 1995, the number of children in foster care increased 68 percent, while the number of foster parents decreased by 4 percent. The principal cause of this shortage is the inability of child welfare agencies to retain the foster parents they have recruited. Turnover among foster parents is extremely high; some agencies lose from 30 to 50 percent of their caregivers every year. This report looks at the components necessary to support and retain foster parents including adequate training, and the rights responsibilities of foster parents.

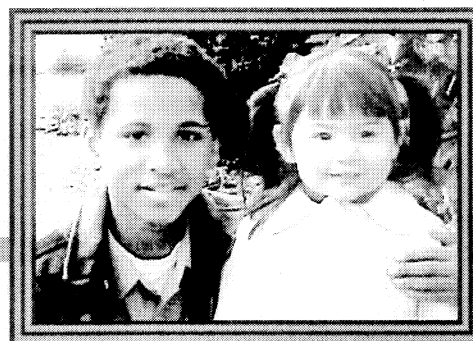
Finding Permanent Homes for Foster Children: Issues Raised by Kinship Care

April 2003 by Rob Geen
www.urban.org

Kinship care has a far-reaching impact on child welfare agencies' permanency planning efforts and the permanency outcomes of foster children. While long-term foster care is discouraged, workers feel much less urgency to terminate parental rights, close a case, or push for adoption when children are living with kin. Birth parents may also feel less urgency to take the necessary steps for reunification when their children are placed with kin. Green's article looks at the complex issues raised by kinship care.

Expanding Permanency Options for Children: A Guide to Subsidized Guardianship Programs

www.childrensdefense.org/ss_kincare
Published by The Children's Defense Fund and Cornerstone Consulting



Group this document looks at how state child welfare administrators and child advocates are exploring a range of creative new ways to expedite adoptive and other permanent placements for children in foster care. As part of this expanding continuum, 34 states and the District of Columbia have now established subsidized guardianship programs to support children and families for whom adoption is not an appropriate permanency option.

The Pew Commission on Children in Foster Care

www.pewfostercare.org

The Pew Commission on Children in Foster Care has been established to develop recommendations to improve outcomes for children in the foster care system. Several background and briefing papers related to the organization and financing of child welfare services, court oversight of child welfare cases, and the relevant legislative histories were prepared by the Pew Commission on Children in Foster Care. They are:

The Federal Legal Framework for Child Welfare by Kasia O'Neill Murray, Child Welfare and the Courts by Sue Badeau, and The Child Welfare Financing Structure by Kasia O'Neill Murray.

A Child's Journey Through the Child Welfare System

<http://pewfostercare.org/docs/index.php?DocID=24>

The Pew Commission on Children in Foster Care website now features a model which highlights typical decision points on a child's journey through the current foster care system. Although the format is based on federal and common state law and practice, nevertheless it is only a model. Laws vary across states, as does the capacity and practices of child welfare agencies and courts to manage their caseloads.

**A Tradition of Caring: Information, Resources,
and Support of Kinship Families,
Child Welfare League of America**

2003, (800) 407-6723

www.cwla.org/pubs

This curriculum was created for use by a wide variety of consumers including public and private child welfare organizations. It contains 27 hours of valuable information and support related to kinship care. The six modules focus on key concerns including accessing needed services, addressing changes in family dynamics, and promoting children's needs for lifelong connection.

The Adoption History Project

by Ellen Herman

www.darkwing.uoregon.edu/~adoption

This project focuses on the history of adoption in the United States. Topics covered include People and Organizations, Topics in Adoption History, and Adoption Studies/Adoption Science.

**Protecting Children: Promising Results,
Potential New Directions: International FGDM
Research and Evaluation in Child Welfare**

American Humane, (303) 792-9900

www.americanhumane.org

This latest edition contains comprehensive research on Family Group Decision Making. Indications are that when compared to traditional child welfare practices, safety plans developed with families and their support networks are more likely to result in more permanent placements, maintain family bonds and keep children safe. The research also shows that children placed through Family Group Decision Making spend less time in foster care, experience fewer transitions, and are more likely to be reunited with their family than children placed through other child welfare practices.

SAMHSA Children's Program Kit

[http://www.samhsa.gov/news/
addictedparents.html](http://www.samhsa.gov/news/addictedparents.html)

To help substance abuse treatment professionals design programs to help children of addicted parents cope with the effects of their parents' addiction, Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a new Children's Program Kit. The toolkit is designed to provide materials for substance abuse programs to initiate educational support programs for the children of clients in substance abuse treatment. The curricula will teach children skills such as solving problems, coping, social competence, autonomy and a sense of purpose and future. The kit was developed by SAMHSA childhood mental health professionals and covers a wide variety of topics and practical teaching strategies for elementary, middle and upper school children, including stories and videos. The kit also contains information for therapists to distribute to their clients to help parents understand the needs of their children, as well as training materials for substance abuse treatment staff who plan to offer support groups for children.

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**CWLA's Best Practice Guidelines:
Child Maltreatment in Foster Care**

[http://www.casey.org/cnc/policy_issues/
child_maltreatment.htm](http://www.casey.org/cnc/policy_issues/child_maltreatment.htm)

We are happy to present this new publication, a product of a two-year collaboration between the Child Welfare League of America and the CNC. These guidelines provide comprehensive, quality practices for the prevention, response, and investigation of out-of-home maltreatment. Using sound administrative and casework practices, professionals learn how to prevent such incidents, whenever possible, and competently respond and investigate those situations in which allegations of abuse and neglect in foster families occur.

**The Source; Building Bridges Back Home:
Parental Substance Abuse and Family Reunification,
Newsletter of the Abandoned Infants
Resource Center, Volume 12.**

www.aia.berkeley.edu

As family reunification can trigger a relapse for parents in recovery, preparation for reunification should be addressed in case planning. It should start early on and continue across service systems. This article focuses on crucial issues for families preparing for reunification and provides strategies that support families working toward family reunification.

**Who Will Adopt the Foster Care Children
Left Behind?**

www.urban.org/urlprint.cfm

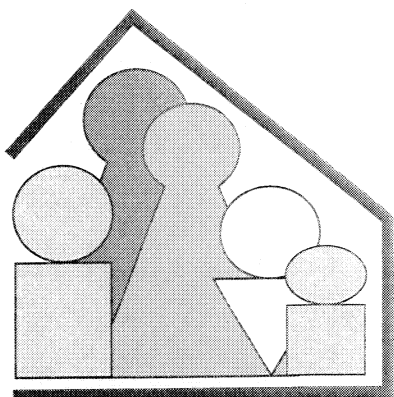
The number of children in foster care eligible for adoption far outnumbered those who are adopted each year. Where will states find adoptive parents for the foster children left behind? This report from the Urban Institute looks at the characteristics of parents who have adopted children from the foster care system and those of children who are waiting for permanent homes.

**Infants, Toddlers, and Families:
A Framework for Support and Intervention**

M. Farrell Erikson & Kurz-Riemer, 2002

www.guilford.com (800) 365-7006

The authors provide a framework for strengths-based family intervention in the first three years of life. Chapters include approaches for working with children including those who are disabled, disadvantaged. Suggestions are provided for planning and implementing interventions that work with the family's unique needs and resources.



**NATIONAL RESOURCE CENTER
FOR FOSTER CARE &
PERMANENCY PLANNING**
at the Hunter College
School of Social Work



A service of the
Children's Bureau/ACF/DHHS

129 EAST 79th STREET
NEW YORK, NY 10021

TEL 212/452-7053

FAX 212/452-7051

www.hunter.cuny.edu/socwork/nrcfcpp



NRCFCPP STAFF:

Gerald P. Mallon, DSW
Associate Professor & Executive Director
212/452-7043
gmallon@hunter.cuny.edu

Stephanie Boyd Serafin, ACSW
Associate Director
212/452-7049
stephanie.serafin@hunter.cuny.edu

Judy Blunt, MSW, JD
Assistant Director
212/452-7436
jblunt@hunter.cuny.edu

Ilze Earner, CSW
Senior Policy Analyst
212/452-7435
ilze.earner@hunter.cuny.edu

Irene Stater
Grants Coordinator
212/452-7432
istater@hunter.cuny.edu

Joan Dikeman
Administrative Assistant
212/452-7053
jpankowi@hunter.cuny.edu